

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization PAWS CHICAGO		D Employer identification number 36-4219778
	Doing business as		E Telephone number 773-475-3302
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1997 N. CLYBOURN AVENUE		G Gross receipts \$ 96,074,846.
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60614		
F Name and address of principal officer: PAULA FASSEAS SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
J Website: WWW.PAWSCHICAGO.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1998	M State of legal domicile: IL

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PAWS CHICAGO IS BUILDING COMPREHENSIVE SOLUTIONS TO END THE KILLING OF HOMELESS PETS.		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	254
	6	Total number of volunteers (estimate if necessary)	6	3283
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	27,000.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	27,406,441.	30,523,028.
	9	Program service revenue (Part VIII, line 2g)	2,734,442.	2,846,775.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,640,899.	13,834,186.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-403,802.	-238,115.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,377,980.	46,965,874.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,972,888.	12,398,456.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,431,012.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,792,298.	8,947,560.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,765,186.	21,346,016.	
19	Revenue less expenses. Subtract line 18 from line 12	12,612,794.	25,619,858.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	124,506,436.	150,104,831.
	21	Total liabilities (Part X, line 26)	1,407,347.	1,484,428.
	22	Net assets or fund balances. Subtract line 21 from line 20	123,099,089.	148,620,403.

Part II Signature Block						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign Here	Signature of officer				Date	
	PAULA FASSEAS, EXECUTIVE CHAIR					
	Type or print name and title					
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
	CHRISTINE V. ERNST	CHRISTINE V. ERNST	11/14/25	<input type="checkbox"/>	P01725863	
	Firm's name	Firm's EIN				
	LEGACY PROFESSIONAL LLP	32-0043599				
	Firm's address	Phone no.				
	4 WESTBROOK CORPORATE CENTER, SUITE 700 WESTCHESTER, IL 60154	312-368-0500				

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

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. PAWS CHICAGO	Taxpayer identification number (TIN) 36-4219778
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1997 N. CLYBOURN AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60614	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JOHN NOCERA**
1933 N MARCEY ST - CHICAGO, IL 60614

Telephone No. **(773) 475-3323** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box _____
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box _____. If it is for part of the group, check this box _____ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **24** or
tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PAWS CHICAGO IS A NATIONAL LEADER IN THE NO KILL ANIMAL WELFARE MOVEMENT, HELPING MORE THAN 23,842 HOMELESS AND AT-RISK PETS EACH YEAR THROUGH COMPREHENSIVE SPAY/NEUTER, MEDICAL, AND ADOPTION PROGRAMS.

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 \$ 8,177,739. including grants of \$) (Revenue \$ 169,661.) ANIMAL HEALTH & BEHAVIOR: ENSURING THAT EVERY SINGLE RESCUED PET RECEIVES THE MEDICAL AND BEHAVIORAL RESOURCES NEEDED TO NOT JUST SURVIVE BUT THRIVE IS THE CORE PURPOSE OF THE ANIMAL HEALTH & BEHAVIOR PILLAR OF PAWS CHICAGO'S NO KILL MODEL.

THE EXPANDED AND RECENTLY RENOVATED 30,000 SQUARE FOOT PAWS CHICAGO NAN & WAYNE KOCOUREK MEDICAL CENTER IS THE MOST STATE-OF-THE-ART HOSPITAL FOR HOMELESS ANIMALS IN THE NATION, AND IT'S THE FIRST STOP FOR EVERY ONE OF PAWS CHICAGO'S 4,382 ADOPTED PETS. WITH SPECIAL QUARANTINE AND ISOLATION WARDS TO PREVENT DISEASE TRANSMISSION, A TEAM OF EXPERT MEDICAL AND BEHAVIOR PROFESSIONALS ENSURES EVERY PET RECEIVES THE INDIVIDUAL CARE THEY NEED, RESULTING IN AN INDUSTRY-LEADING 97.93% SAVE

4b (Code:) (Expenses \$ 4,174,987. including grants of \$) (Revenue \$ 1,667,014.) PREVENTION & SPAY/NEUTER: PAWS CHICAGO PERFORMED 17,168 SPAY/NEUTER SURGERIES IN 2024, MAKING IT THE LARGEST LOCAL PROVIDER OF FREE AND LOW-COST, HIGH-VOLUME SPAY/NEUTER SURGERIES, AND THE ONLY CLINIC LOCATED IN AND SERVING UNDER-RESOURCED COMMUNITIES WHERE THE MAJORITY OF STRAY, FERAL AND UNWANTED PETS ORIGINATE.

THROUGH THE PAWS CHICAGO LURIE CLINIC IN LITTLE VILLAGE, LOCATED LESS THAN TWO MILES FROM CHICAGO'S ANIMAL CARE & CONTROL, THE CITY IMPOUNDMENT FACILITY, PAWS OFFERS SPAY/NEUTER SERVICES WHERE THEY ARE NEEDED MOST AND WHERE THEY HAVE THE GREATEST IMPACT.

4c (Code:) (Expenses \$ 3,021,732. including grants of \$) (Revenue \$ 1,010,100.) ADOPTION: RESCUING HOMELESS PETS AND UNITING THEM WITH THEIR NEW FAMILIES DIRECTLY CONNECTS THE PUBLIC WITH HOMELESS PETS ON THE DEEPEST LEVEL AND PROVIDES A TANGIBLE WAY FOR PEOPLE TO MAKE AN IMPACT FOR ANIMALS. THROUGH PAWS CHICAGO'S ADOPTION CENTER AND INNOVATIVE ADOPTION EVENTS, PAWS UNITED 4,382 ANIMALS WITH LOVING HOMES IN 2024. BY THE END OF 2024, PAWS CHICAGO HAD PERFORMED 86,616 ADOPTIONS SINCE THE ORGANIZATION'S FOUNDING IN 1997.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,451,137. including grants of \$) (Revenue \$)

4e Total program service expenses 18,825,595.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included on line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (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 on 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 on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOHN NOCERA - (773) 475-3323
1933 N MARCEY ST, 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. ALCIA EISENSTEIN, DVM CHIEF MEDICAL OFFICER	40.00				X		284,534.	0.	8,033.	
(2) SUSANNA WICKHAM CEO, COMMUNITY ENGAGEMENT	40.00			X			260,600.	0.	7,986.	
(3) ALEXIS FASSEAS TREASURER/EXECUTIVE DIRECTOR/CO-FOUN	30.00	X		X			196,960.	0.	11,206.	
(4) APARNA GOPALAN BRUSH HEAD OF PROGRAM MANAGEMENT	40.00				X		174,781.	0.	11,892.	
(5) GABRIEL ENRIQUE NIEVES HEAD OF PEOPLE & CULTURE	40.00				X		180,675.	0.	5,546.	
(6) KRISTINA MARIA ROSINIA CHIEF OPERATING OFFICER	40.00			X			176,317.	0.	5,416.	
(7) DR. ANAIS ALAMO-ABRAHAM, DVM VETERINARY SURGEON	40.00				X		170,201.	0.	18.	
(8) DR. EMILY ANDERSON YACKER, DVM MEDICAL DIRECTOR	40.00				X		167,010.	0.	113.	
(9) PAULA FASSEAS EXECUTIVE CHAIR/FOUNDER	30.00	X		X			0.	0.	0.	
(10) PAM CAREY PRESIDENT	5.00	X		X			0.	0.	0.	
(11) GEORGE KARCAZES SECRETARY - PAST	5.00	X					0.	0.	0.	
(12) JANICE BECK BOARD MEMBER	1.00	X					0.	0.	0.	
(13) BARBARA BRADFORD BOARD MEMBER	1.00	X					0.	0.	0.	
(14) MELISSA CANNING BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MICHAEL CANNING BOARD MEMBER	1.00	X					0.	0.	0.	
(16) ED CAREY SECRETARY AND FINANCE CHAIR - NEW /	5.00	X		X			0.	0.	0.	
(17) WILLIAM CORGAN BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRUCE CROWN BOARD MEMBER	1.00	X						0.	0.	0.
(19) LISA DENT BOARD MEMBER	1.00	X						0.	0.	0.
(20) RAJ FERNANDO BOARD MEMBER	1.00	X						0.	0.	0.
(21) JEFF HALL BOARD MEMBER	1.00	X						0.	0.	0.
(22) STEPHANIE FIELD HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(23) DIMITRI KARCAZES BOARD MEMBER - NEW	1.00	X						0.	0.	0.
(24) JONATHAN HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(25) ANTHONY KREMER BOARD MEMBER	1.00	X						0.	0.	0.
(26) SUZANNE LE MIGNOT BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,611,078.	0.	50,210.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,611,078.	0.	50,210.

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 25

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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) Name and business address	(B) Description of services	(C) Compensation
PREFERRED COMMUNICATIONS 130 SEBASTIN RUN, AUSTIN, TX 78738	COMMUNICATIONS SERVICES	107,317.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,980,833.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	25,542,195.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,243,350.				
	h Total. Add lines 1a-1f		30,523,028.				
Program Service Revenue	2 a SPAY/NEUTER CLINIC	Business Code					
		541990	1,667,014.	1,667,014.			
	b ADOPTION FEES	812900	1,010,100.	1,010,100.			
	c TRAINING CENTER	812900	169,661.	169,661.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,846,775.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,391,601.			3391601.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	57,723,978.	1081233.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	47,626,126.	736,500.			
	c Gain or (loss)	7c	10,097,852.	344,733.			
	d Net gain or (loss)		10,442,585.			10442585.	
8 a Gross income from fundraising events (not including \$ 4,980,833. of contributions reported on line 1c). See Part IV, line 18	8a		430,588.				
			720,799.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-290,211.			-290,211.	
9 a Gross income from gaming activities. See Part IV, line 19	9a		25,010.				
			1,335.				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			23,675.			23,675.	
10 a Gross sales of inventory, less returns and allowances	10a		25,633.				
			24,212.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			1,421.			1,421.	
Miscellaneous Revenue	11 a ADVERTISING	Business Code					
		541800	27,000.		27,000.		
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		27,000.					
12 Total revenue. See instructions		46,965,874.	2,846,775.	27,000.	13569071.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	658,484.	611,076.	19,471.	27,937.
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	10,116,328.	9,387,989.	299,137.	429,202.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,992.	97,433.	3,105.	4,454.
9 Other employee benefits	674,853.	626,266.	19,955.	28,632.
10 Payroll taxes	843,799.	791,635.	19,750.	32,414.
11 Fees for services (nonemployees):				
a Management				
b Legal	153,944.		153,944.	
c Accounting	181,628.		181,628.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	212,805.		212,805.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	156,215.	124,394.		31,821.
12 Advertising and promotion	204,770.	187,326.		17,444.
13 Office expenses	1,317,069.	1,129,774.	31,752.	155,543.
14 Information technology	672,780.	622,276.	8,248.	42,256.
15 Royalties				
16 Occupancy	413,452.	312,084.	2,155.	99,213.
17 Travel	121,083.	95,656.	12,108.	13,319.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	943,044.	919,671.	5,794.	17,579.
23 Insurance	299,912.	224,406.	71,374.	4,132.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	1,786,150.	1,785,190.		960.
b PET FOOD	990,043.	990,043.		
c PRINTING AND PRODUCTION	684,711.	499,839.		184,872.
d BANK/CREDIT CARD FEES	341,450.	20,758.	18,226.	302,466.
e All other expenses	468,504.	399,779.	29,957.	38,768.
25 Total functional expenses. Add lines 1 through 24e	21,346,016.	18,825,595.	1,089,409.	1,431,012.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,371,129.	1	4,476,581.
	2 Savings and temporary cash investments	3,311,916.	2	2,388,685.
	3 Pledges and grants receivable, net	4,600,557.	3	6,562,744.
	4 Accounts receivable, net	1,290,158.	4	1,094,475.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	141,740.	8	115,482.
	9 Prepaid expenses and deferred charges	233,312.	9	464,708.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 27,511,186.		
	b Less: accumulated depreciation	10b 9,589,979.	10c	17,921,207.
	11 Investments - publicly traded securities	92,968,791.	11	117,080,949.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	124,506,436.	16	150,104,831.	
Liabilities	17 Accounts payable and accrued expenses	948,925.	17	781,370.
	18 Grants payable		18	
	19 Deferred revenue	458,422.	19	703,058.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,407,347.	26	1,484,428.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	85,015,841.	27	96,373,309.
	28 Net assets with donor restrictions	38,083,248.	28	52,247,094.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	123,099,089.	32	148,620,403.
	33 Total liabilities and net assets/fund balances	124,506,436.	33	150,104,831.

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	46,965,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,346,016.
3	Revenue less expenses. Subtract line 2 from line 1	3	25,619,858.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	123,099,089.
5	Net unrealized gains (losses) on investments	5	-98,544.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	148,620,403.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization <p style="text-align: center;">PAWS CHICAGO</p>	Employer identification number <p style="text-align: center;">36-4219778</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13912387.	16173589.	20962234.	27406441.	30523028.	108977679
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13912387.	16173589.	20962234.	27406441.	30523028.	108977679
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18248704.
6 Public support. Subtract line 5 from line 4.						90728975.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13912387.	16173589.	20962234.	27406441.	30523028.	108977679
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2152381.	3531858.	1801139.	1862932.	3391601.	12739911.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					27,000.	27,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,554.	12,955.				18,509.
11 Total support. Add lines 7 through 10						121763099
12 Gross receipts from related activities, etc. (see instructions)					12	20,180,913.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	74.51 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	76.87 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>7,014,009.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>3,361,316.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>2,554,597.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>895,809.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>673,422.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	STOCK _____ _____ _____	\$ <u>1,014,009.</u>	_____
<u>2</u>	STOCK _____ _____ _____	\$ <u>2,360,232.</u>	_____
<u>4</u>	PET FOOD SUPPLIES _____ _____ _____	\$ <u>895,809.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	88,216,122.	60,036,086.	70,313,856.	50,449,464.	41,810,232.
b Contributions	9,132,437.	12,849,935.	5,674,382.	8,567,620.	8,639,232.
c Net investment earnings, gains, and losses	13,494,426.	15,330,101.	-15,952,152.	11,296,772.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	110,842,985.	88,216,122.	60,036,086.	70,313,856.	50,449,464.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 58.9600 %
 - b Permanent endowment 41.0400 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,874,619.		3,874,619.
b Buildings		18,684,145.	5,467,736.	13,216,409.
c Leasehold improvements		183,725.	177,601.	6,124.
d Equipment		2,241,963.	1,891,700.	350,263.
e Other		2,526,734.	2,052,942.	473,792.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				17,921,207.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	46,678,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-98,544.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	-98,544.	
3	Subtract line 2e from line 1		3	46,777,281.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	212,805.	
	b Other (Describe in Part XIII.)	4b	-24,212.	
	c Add lines 4a and 4b	4c	188,593.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	46,965,874.

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

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

1	Total expenses and losses per audited financial statements		1	21,157,423.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	24,212.	
	e Add lines 2a through 2d	2e	24,212.	
3	Subtract line 2e from line 1		3	21,133,211.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	212,805.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	212,805.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	21,346,016.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD -24,212.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 24,212.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FUR BALL (event type)	TEAM PAWS (event type)	4 (total number)	
Revenue	1	2,086,689.	1,441,593.	1,883,139.	5,411,421.
	2	1,968,465.	1,373,797.	1,638,571.	4,980,833.
	3	118,224.	67,796.	244,568.	430,588.
Direct Expenses	4				
	5	30,249.		14,893.	45,142.
	6	21,340.	41,400.	198,707.	261,447.
	7	1,220.	138,965.	83,295.	223,480.
	8	600.	13,350.	17,300.	31,250.
	9	149,415.		10,065.	159,480.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-290,211.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1			25,010.	25,010.
Direct Expenses	2				
	3				
	4				
	5			1,335.	1,335.
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				1,335.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				23,675.

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)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. ALYCIA EISENSTEIN, DVM CHIEF MEDICAL OFFICER	(i)	284,534.	0.	0.	6,953.	1,080.	292,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSANNA WICKHAM CEO, COMMUNITY ENGAGEMENT	(i)	260,600.	0.	0.	7,818.	168.	268,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALEXIS FASSEAS TREASURER/EXECUTIVE DIRECTOR/CO-FOUN	(i)	196,960.	0.	0.	6,000.	5,206.	208,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) APARNA GOPALAN BRUSH HEAD OF PROGRAM MANAGEMENT	(i)	174,781.	0.	0.	5,718.	6,174.	186,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GABRIEL ENRIQUE NIEVES HEAD OF PEOPLE & CULTURE	(i)	180,675.	0.	0.	5,420.	126.	186,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISTINA MARIA ROSINIA CHIEF OPERATING OFFICER	(i)	176,317.	0.	0.	5,290.	126.	181,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DR. ANAIS ALAMO-ABRAHAM, DVM VETERINARY SURGEON	(i)	169,951.	250.	0.	0.	18.	170,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DR. EMILY ANDERSON YACKER, DVM MEDICAL DIRECTOR	(i)	167,010.	0.	0.	0.	113.	167,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

Go to 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	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	24	23,981.	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	26,321	3,730,789.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	122,371	988,042.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>SPECIAL EVENT</u>)	X	490	500,538.	FAIR MARKET VALUE
26	Other (_____)				
27	Other (_____)				
28	Other (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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, PART I, LINE 32B:

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

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

PAWS CHICAGO

Employer identification number

36-4219778

FORM 990, PART III, LINE 1 (CONTINUED)

AN INDUSTRY-LEADING ADOPTION CENTER, A STATE-OF-THE-ART MEDICAL CENTER, AND A HIGH-VOLUME SPAY/NEUTER CLINIC WORK SYNCHRONOUSLY TO ADDRESS THE NEEDS OF HOMELESS AND AT-RISK PETS CITYWIDE. LIFESAVING RESCUE AND ADOPTION PROGRAMS FOUND HOMES FOR MORE THAN 4,300 HOMELESS PETS LAST YEAR; AN ADDITIONAL 20,000 ANIMALS FROM UNDER-RESOURCED FAMILIES, COMMUNITY CATS WHO LIVE ON THE STREET AND AT-RISK ANIMALS AT OUR LOCAL CHICAGO ANIMAL CARE & CONTROL (CACC) RECEIVED FREE AND LOW-COST SPAY/NEUTER SURGERIES, VACCINATIONS, MEDICAL CARE, AND OTHER SUPPORT, INCLUDING A PET FOOD PANTRY.

PAWS CHICAGO'S PROGRAMS IMPLEMENT SOLUTIONS TO BUILD NO KILL COMMUNITIES, END PET OVERPOPULATION, AND TRANSFORM ANIMAL WELFARE BY SETTING STANDARDS THAT ARE USED AS A MODEL BY OTHER ORGANIZATIONS. SINCE PAWS CHICAGO'S FOUNDING IN 1997, THE NUMBER OF PETS KILLED EACH YEAR IN CHICAGO HAS BEEN REDUCED BY 88.80%.

DESPITE THIS INCREDIBLE PROGRESS OVER TIME, IN JUNE OF 2023, PAWS NOTICED A SURGE IN INTAKE TO CHICAGO ANIMAL CARE & CONTROL BASED ON POST-PANDEMIC EFFECTS: INFLATION MAKING PET FOOD AND VETERINARY CARE UNAFFORDABLE FOR MANY PEOPLE; A DRAMATIC RISE IN BACKYARD BREEDING; AND REDUCED AVAILABILITY OF VETERINARY CARE FOR BOTH PEOPLE AND SHELTERS. IN RESPONSE TO THESE TRENDS, PAWS LAUNCHED 360@CACC, A COMPREHENSIVE PROGRAM ORIENTED AT PROVIDING 360-DEGREES OF SUPPORT FOR THE UNDERFUNDED AND OVERSTRETCHED CITY SHELTER.

IN 2024, CACC RECORDED AN INTAKE OF 15,262 PETS- AN 18% INCREASE OVER 2023 AND 30% INCREASE OVER 2022. DESPITE THIS INCREASE, WITH 360@CACC PROGRAMS ENHANCING ADOPTIONS AND TRANSFER AND PROVIDING SUPPORT FOR OWNED PETS, CACC'S SAVE RATE INCREASED FROM 76% IN 2023 TO 76.8% IN 2024. THE SAVE RATE IS A CALCULATES THE PROPORTION OF ANIMAL OUTCOMES THAT ARE ALIVE. MORE DETAILS ARE INCLUDED IN THE 360@CACC AND OUTREACH PROGRAM SECTION BELOW.

OVERALL, PAWS CHICAGO 2024 RESULTS INCLUDE 17,168 FREE AND LOW-COST SPAY/NEUTER SURGERIES; 4,382 ADOPTIONS OF HOMELESS ANIMALS INTO NEW, LOVING FAMILIES; A 97.93% SAVE RATE EVEN WHILE RESCUING AN EXTREMELY VULNERABLE POPULATION OF AT RISK HOMELESS PETS; 84,430 POUNDS OF FOOD DISTRIBUTED THROUGH THE PET FOOD PANTRY; 2,254 HOMELESS ANIMALS PLACED IN FOSTER CARE; 125,071 HOURS WORKED BY VOLUNTEERS (THE EQUIVALENT OF 60 FULL-TIME EMPLOYEES); AND EARNING CHARITY NAVIGATOR'S HIGHEST 4-STAR RATING CONSECUTIVELY SINCE 2003.

BEYOND CHICAGO, PAWS CHICAGO IS ALSO ABLE TO SAVE AT-RISK ANIMALS FROM NINE ADDITIONAL HIGH-KILL STATES AND TOOK IN ANIMALS DIRECTLY IMPACTED BY HURRICANE HELENE IN TENNESSEE AND NORTH CAROLINA AND THE EXTENSIVE FLOODING IN IOWA. RESPONDING TO NATIONAL DISASTERS HAS BEEN A PART OF PAWS CHICAGO'S MISSION SINCE ITS HURRICANE KATRINA RESCUE MISSIONS IN 2005.

ALL OF PAWS CHICAGO'S PROGRAMS WORK TOWARD BUILDING NO KILL COMMUNITIES THROUGH THE ORGANIZATION'S COMPREHENSIVE NO KILL MODEL. THE FOUNDATION

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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OF THE NO KILL MODEL IS COMMUNITY ENGAGEMENT, INSPIRING PEOPLE'S INVOLVEMENT IN THE CAUSE OF HOMELESS PETS. ATOP THIS FOUNDATION ARE PAWS CHICAGO'S MISSION-CRITICAL PROGRAMS- THE PILLARS OF PREVENTION (SPAY/NEUTER), ANIMAL HEALTH & BEHAVIOR, ADOPTION, AND VOLUNTEERS. DETAILED PROGRAM INFORMATION FOLLOWS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RATE. FROM UPPER RESPIRATORY INFECTIONS TO DEADLY DISEASES LIKE CANINE PARVOVIRUS AND FELINE PANLEUKOPENIA, FROM INJURIES TO SKIN INFECTIONS, THE PAWS CHICAGO MEDICAL TEAM SEES AND HEALS IT ALL. VETERINARY SURGEONS NOT ONLY SPAY AND NEUTER EVERY PET BUT ALSO PERFORMED 609 ADVANCED SURGERIES ADDRESSING ORTHOPEDIC CONDITIONS SUCH AS TORN LIGAMENTS, EYE INJURIES, HERNIA REPAIRS, MASS REMOVALS, EXTENSIVE DENTAL DISEASE REQUIRING EXTRACTIONS, AND MANY OTHER MEDICAL NEEDS.

THE MEDICAL CENTER AND ITS WORLD-CLASS VETERINARY TEAM TREAT THE MOST SERIOUS CASES ON SITE. A ROBUST FOSTER NETWORK CARES FOR PETS WHEN THEY ARE STABLE AND READY TO RECOVER IN A HOME ENVIRONMENT, WITH 2,254 CATS AND DOGS SPENDING TIME IN FOSTER CARE IN 2024.

AS PART OF THE FOSTER PROGRAM, HELP ME HEAL (HMH) IS A FOSTER-TO-ADOPT PROGRAM THAT ENABLES ANIMALS WITH LONG-TERM MEDICAL RECOVERIES TO GO INTO FOSTER CARE WITH THEIR ADOPTIVE FAMILIES INSTEAD OF STAYING IN THE SHELTER FOR MONTHS. FOR EXAMPLE, A DOG UNDERGOING THREE MONTHS OF TREATMENT FOR HEARTWORM WILL BE CARED FOR IN ITS FUTURE ADOPTIVE HOME WHILE RECEIVING MEDICAL TREATMENT ADMINISTERED BY PAWS IN AN OUTPATIENT CAPACITY; ONCE THAT PET IS SUCCESSFULLY TREATED, THE ADOPTION WILL BE FINALIZED. IN 2024, THERE WERE 165 PETS CARED FOR IN HMH HOMES BEFORE ADOPTION.

RECOGNIZING THAT BEHAVIORAL HEALTH, SOCIALIZATION AND ENRICHMENT ARE JUST AS IMPORTANT TO A QUALITY LIFE AS PHYSICAL HEALTH, PAWS CHICAGO ALSO HAS THREE FULL-TIME AND THREE PART-TIME TRAINERS WHO LEAD AN INNOVATIVE DOG AND CAT TRAINING AND ENRICHMENT PROGRAM FOR PAWS CHICAGO'S HOMELESS ANIMALS. THIS TEAM OF BEHAVIOR PROFESSIONALS AND TRAINED VOLUNTEERS PROVIDE NEGLECTED, UNDER-SOCIALIZED, AND PREVIOUSLY ABUSED HOMELESS DOGS AND CATS WITH ONE-ON-ONE AND GROUP TRAINING AS WELL AS BEHAVIOR ENRICHMENT AND BEHAVIOR MODIFICATION TO HELP THEM BUILD CONFIDENCE AND COMMUNICATION, WHICH LEADS TO SUCCESSFUL LONG-TERM ADOPTIONS. ADDITIONALLY, THE TRAINING AND ENRICHMENT PROGRAM PROVIDES CRITICAL PLAY GROUPS AND FIELD TRIPS FOR DOGS. THIS TEAM ALSO PROVIDES ADOPTERS WITH SUPPORT IN TRANSITIONING ANIMALS INTO A PERMANENT HOME ENVIRONMENT WITH COUNSELING AND POST-ADOPTION CONSULTATION.

PAWS CHICAGO'S TRAINING CENTER ALSO HAS A TEAM THAT PROVIDES VIRTUAL AND IN-PERSON COURSES TO PAWS ADOPTERS AND MEMBERS OF THE PUBLIC. FOR THE PUBLIC, PAWS TRAINERS ALSO LED 150 IN-PERSON CLASSES WITH 1,069 DOGS IN 2024. THEY ALSO CONDUCTED 22 GROUP ZOOM TRAINING CLASSES WITH 113 DOGS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CHICAGO BECAUSE PETS BREED EXPONENTIALLY. A SINGLE FEMALE CAT AND HER OFFSPRING CAN THEORETICALLY PRODUCE 420,000 KITTENS IN SEVEN YEARS. FOR DOGS, THE NUMBER IS 96,000. SPAY/NEUTER SURGERIES ARE THE SOLUTION TO PET OVERPOPULATION, AND AS SUCH, ARE AT THE CORE OF PAWS'S PREVENTION

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

PAWS CHICAGO'S FERAL CAT TRAP-NEUTER-RETURN (TNR) PROGRAM IS ANOTHER CRITICAL ASPECT OF THE PREVENTION PILLAR. BY PROACTIVELY STERILIZING AND MANAGING THE FREE-ROAMING CAT POPULATION, THE SOURCE OF THOUSANDS OF UNWANTED KITTENS BORN EACH YEAR, TNR REDUCES THE NUMBER OF ANIMALS ENTERING THE SHELTER SYSTEM WHILE ALSO SAVING KITTENS AND FINDING THEM ADOPTIVE HOMES. IN 2024, PAWS PERFORMED 3,672 SPAY/NEUTER SURGERIES ON FERAL CATS. PAWS ALSO HOSTS AN ANNUAL WORKSHOP TO BUILD OUTDOOR CAT WINTER SHELTERS, WHICH ARE DISTRIBUTED IN THE COMMUNITY.

BY THE END OF 2024, PAWS CHICAGO HAD PERFORMED 332,515 FREE AND LOW-COST SPAY/NEUTER SURGERIES SINCE THE LURIE CLINIC'S OPENING IN 2000, WHICH HAS BEEN A DRIVING FORCE IN CHICAGO'S REDUCTION IN EUTHANASIA DURING THAT TIME.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PAWS TRAINERS AND VOLUNTEERS OFFER ON-SITE SUPPORT AND ADVICE, PROVIDE DETAILED PET BACKGROUND AND ASSESSMENT INFORMATION, CONDUCTING RESIDENT PET INTRODUCTIONS AND ENSURING A SMOOTH TRANSITION INTO THE HOME. VOLUNTEERS OFFER DETAILED ADOPTION COUNSELING AND FOLLOW-UP TO ENSURE POST-ADOPTION SUCCESS. SHOWCASING ADOPTABLE PETS IN HIGHLY TRAFFICKED PLACES OUTSIDE OF THE PAWS ADOPTION CENTER EXPANDS THE REACH OF THE MISSION AND INSPIRES ACTION FOR ANIMALS. IN 2024, PAWS HOSTED 29 OFF-SITE ADOPTION EVENTS, INCLUDING HIGH-PROFILE ANGELS WITH TAILS ADOPTION EVENTS AROUND THE CHICAGOLAND AREA WHERE LOCAL RETAILERS, PROFESSIONAL SPORTS TEAMS AND GROCERS WELCOMED HOMELESS PETS TO THEIR LOCATIONS FOR ONSITE ADOPTIONS.

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

COMMUNITY ENGAGEMENT

COMMUNITY ENGAGEMENT IS THE FOUNDATION FOR CREATING LASTING CHANGE FOR ANIMALS AND IS THE BASIS UPON WHICH ALL OF PAWS CHICAGO'S PROGRAMS ARE BUILT. PEOPLE CAUSE THE PET OVERPOPULATION PROBLEM AND PEOPLE HAVE THE POWER TO SOLVE IT; ANIMALS ARE THE VOICELESS VICTIMS. THE WAY TO INSPIRE AND CREATE REAL CHANGE FOR ANIMALS IS TO MOBILIZE PEOPLE TO BE THEIR CARETAKERS AND ADVOCATES AND PROVIDE NEEDED SUPPORT IN UNDER-RESOURCED COMMUNITIES.

WHEN PAWS CHICAGO WAS FOUNDED IN 1997, THE MASS KILLING OF HOMELESS PETS WAS A HIDDEN CRISIS. THE PUBLIC HAD NO IDEA THAT MORE THAN 42,000 HOMELESS CATS AND DOGS WOULD BE EUTHANIZED IN THE CITY OF CHICAGO THAT YEAR. PAWS CHICAGO WAS FOUNDED TO BRING ATTENTION TO THE PLIGHT OF THESE VULNERABLE ANIMALS AND TO MOBILIZE PUBLIC SUPPORT TO DEVELOP HUMANE SOLUTIONS AND BUILD NO KILL COMMUNITIES. SHINING A LIGHT ON PET OVERPOPULATION AND HOMELESSNESS- AND THE RESULTANT KILLING- HAS MOBILIZED TENS OF THOUSANDS OF PEOPLE TO GET INVOLVED IN THE CAUSE BY ADOPTING, FOSTERING, VOLUNTEERING, ADVOCATING FOR AND DONATING TO HOMELESS PETS.

WITH ITS NO KILL MODEL IN ACTION, PAWS CHICAGO IS LEADING A MOVEMENT THAT RIPPLES THROUGHOUT THE COUNTRY. EVERY YEAR, PAWS CHICAGO WELCOMES SHELTERS, RESCUE GROUPS AND INDIVIDUALS NATIONWIDE TO SHADOW ITS OPERATIONS. PAWS CHICAGO ALSO HELPS START-UP ADOPTION/RESCUE GROUPS AND SPAY/NEUTER CLINICS AROUND THE WORLD. IN CHICAGO, PAWS HELPS CHICAGO-AREA RESCUE GROUPS AND SHELTERS BY PROVIDING LOW-COST MEDICAL

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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SERVICES AT THE LURIE SPAY/NEUTER CLINIC AND BY INCREASING EXPOSURE OF THEIR HOMELESS ANIMALS THROUGH ANGELS WITH TAILS ADOPTION EVENTS.

BY RAISING AWARENESS ABOUT PET HOMELESSNESS AND ENGAGING PEOPLE IN LIFESAVING EFFORTS, PAWS CHICAGO MAKES LASTING CHANGE FOR ANIMALS. THIS INCLUDES PAWS CHICAGO MAGAZINE, WITH A DISTRIBUTION OF 115,000; THE PAWS CHICAGO WEBSITE, WITH MORE THAN 1.5 MILLION UNIQUE USERS AND 20 MILLION PAGEVIEWS IN 2024; AND THE PAWS CHICAGO E-NEWSLETTER, WITH A MONTHLY DISTRIBUTION AVERAGING 179,000 AND AN OPEN-RATE OF MORE THAN 50%. THESE VEHICLES INSPIRE PEOPLE TO TAKE ACTION FOR ANIMALS AND BECOME ADVOCATES FOR HOMELESS PETS.

360@CACC AND OUTREACH

2024 WAS THE FIRST YEAR OF PAWS CHICAGO'S 360@CACC PROGRAM, A ROBUST 360-DEGREE PARTNERSHIP WITH CHICAGO ANIMAL CARE & CONTROL (CACC), THE CITY'S IMPOUNDMENT FACILITY. OF THE 18% INCREASE IN INTAKE OR 2,295 ADDITIONAL CATS AND DOGS COMING INTO CACC IN 2024 - 1,875 ADDITIONAL ANIMALS HAD A POSITIVE "LIVE" OUTCOME (ADOPTIONS, TRANSFERS AND RETURNED TO OWNER) OVER 2023. WITHOUT THIS INCREASED LIFESAVING, EUTHANASIA WOULD HAVE INCREASED BY 82%. INSTEAD, EUTHANASIA WAS UP 14%. 360@CACC IS ORIENTED AT INCREASING THESE LIVE OUTCOMES AND HELPING KEEP PETS OUT OF THE CITY SHELTER THROUGH:

1) PAWS CHICAGO MEDICAL PROGRAMS THAT PROVIDE SPAY/NEUTER SURGERIES AND OTHER MEDICAL CARE TO ENSURE CACC PETS ARE VETTED AND READY FOR ADOPTION. THE RESCUE READY PROGRAM HELPS INCREASE TRANSFERS OF CACC PETS TO RESCUE GROUPS BY OFFERING HIGHLY SUBSIDIZED MEDICAL CARE AND SPAY/NEUTER SURGERIES FOR PETS THAT CAME FROM CACC. THE BIG FIX PROGRAM TRANSPORTS CACC PETS TO THE PAWS CHICAGO LURIE SPAY/NEUTER CLINIC EACH WEEK TO BE SPAYED/NEUTERED AND VETTED. TOGETHER, THESE PROGRAMS SPAYED OR NEUTERED 1,336 CACC PETS. 39 DIFFERENT RESCUE GROUPS TRANSFERRED IN ANIMALS WHO WERE SPAYED OR NEUTERED THROUGH THESE PROGRAMS AND, OVERALL, CACC TRANSFERS INCREASED BY 19%.

2) THE ADOPTION EXPANSION PROGRAM STAFFS A FULL-TIME PAWS CHICAGO EMPLOYEE AT CACC TO SUPPORT PROSPECTIVE ADOPTERS IN FINDING AND ADOPTING A PET. THE CACC BUDGET HAS NEVER HAD A STAFFED RESOURCE DEDICATED TO ADOPTIONS, WHICH MEANS PEOPLE WOULD OFTEN LEAVE WITHOUT A PET. WITH THIS ADDITIONAL SUPPORT, CACC FACILITATED 3,019 ADOPTIONS IN 2024, A 28.6% INCREASE OVER 2023.

3) PET OWNER SUPPORT, WHERE PAWS CHICAGO TEAM MEMBERS MEET FAMILIES AT THE DOOR AND HELP KEEP PETS IN THEIR HOMES WITH THE FAMILIES WHO LOVE THEM OR OTHERWISE PREVENT MORE PETS FROM ENTERING THE CROWDED CITY SHELTER. IN 2024, PET OWNER SUPPORT KEPT 123 PETS IN THEIR HOMES AND 135 CAME DIRECTLY TO PAWS, PREVENTING FURTHER OVERCROWDING.

BEYOND 360@CACC, PAWS CHICAGO HAS OPERATED AN EXTENSIVE COMMUNITY OUTREACH PROGRAM SINCE 2014 TO EXPAND ACCESS TO SPAY/NEUTER AND PET RESOURCES IN CHICAGO'S MOST UNDER-RESOURCED COMMUNITIES. OF THE OWNED PETS COMMUNITY OUTREACH MEETS, 95% ARE NOT YET SPAYED OR NEUTERED, BUT ONCE OUR OUTREACH TEAM WORKS WITH FAMILIES, 83% END UP STERILIZING THEIR PET AT PAWS.

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

Name of the organization PAWS CHICAGO	Employer identification number 36-4219778
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POVERTY LINE, BUT SERVICES HAVE IN RECENT YEARS EXPANDED TO NEARBY WEST ENGLEWOOD, BACK OF THE YARDS, AND WEST WOODLAWN AS WELL. PAWS PERFORMED 1,377 FREE SPAY/NEUTER SURGERIES THROUGH THIS COMMUNITY OUTREACH PROGRAM IN 2024.

THIS OUTREACH PROGRAM ALSO OPERATES A COMMUNITY MEDICINE PROGRAM THAT PROVIDES 610 APPOINTMENTS FOR WELLNESS, PREVENTATIVE AND ACUTE VETERINARY CARE TO PETS WHO WOULD OTHERWISE NEVER SEE A VETERINARIAN.

ADDITIONALLY, 84,430 POUNDS OF FOOD WERE DISTRIBUTED THROUGH THE PAWS CHICAGO PET FOOD PANTRY PROGRAM, WHICH OFFERS FREE PET FOOD AND SUPPLIES TO COMMUNITIES IN NEED.

VOLUNTEERS

VOLUNTEERS ARE THE LIFE FORCE BEHIND PAWS CHICAGO'S OPERATIONS AND AN ESSENTIAL INGREDIENT TO BUILDING A NO KILL CHICAGO. IN 2024, 3,283 VOLUNTEERS DEDICATED 125,071 HOURS OF SERVICE, THE EQUIVALENT OF 60 FULL-TIME EMPLOYEES. AND THIS DOESN'T INCLUDE FOSTER FAMILIES WHO TOOK IN AND CARED FOR 2,254 ANIMALS IN NEED IN 2024. IN ADDITION TO THE TIME VOLUNTEERS COMMIT TO PAWS CHICAGO, THEY ARE ALSO AMBASSADORS, REACHING NEW PEOPLE AND ENGAGING NEW COMMUNITIES IN THE CAUSE OF HOMELESS ANIMALS THROUGH THEIR EVERYDAY INTERACTIONS.

ANIMAL WELFARE IS INCREDIBLY LABOR-INTENSIVE WORK, AND VOLUNTEERS WORK ALONGSIDE OUR STAFF TO AMPLIFY OUR LIFESAVING. FROM SHEPHERDING THE ADOPTION PROCESS TO ATTENDING TO THE NEEDS OF SICK PETS AT OUR MEDICAL CENTER TO MANNING OUR OFF-SITE ADOPTION AND COMMUNITY EVENTS, OUR VOLUNTEERS SUPPORT THE WORK OF EVERY DEPARTMENT.

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

EXPENSES \$ 3,451,137. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

1. PAULA FASSEAS IS THE MOTHER OF ALEXIS FASSEAS. ALEXIS FASSEAS SERVES ON THE BOARD AND AS THE EXECUTIVE DIRECTOR. 2. MICHAEL AND MELISSA CANNING ARE MARRIED, THEY ARE MAJOR FUNDRAISERS AND CONTRIBUTORS, BOTH SERVE ON THE BOARD. 3. ED CAREY AND PAM CAREY ARE MARRIED, THEY ARE MAJOR FUNDRAISERS AND CONTRIBUTORS, BOTH SERVE ON THE BOARD 4. CHLOE CORGAN AND WILLIAM CORGAN ARE MARRIED, THEY ARE MAJOR FUNDRAISERS AND CONTRIBUTORS, BOTH SERVE ON THE BOARD

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

BEFORE THE FORM 990 IS FILED, IT IS REVIEWED IN DETAIL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. AFTER THAT REVIEW AND BEFORE IT IS FILED, A COPY OF THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

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

BOARD MEMBERS AND SENIOR STAFF WILL ANNUALLY DISCLOSE AND PROMPTLY UPDATE ANY DISCLOSURES PREVIOUSLY MADE REGARDING THEIR INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. THIS INCLUDES FAMILY RELATIONSHIPS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS, OR OTHER TRANSACTIONS OR AFFILIATIONS THAT MAY PRESENT A CONFLICT OF INTEREST. THE CHAIRMAN OF THE BOARD WILL DETERMINE WHETHER (A) NO ACTION NEED BE TAKEN, OR (B) THE

