

Short Form

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
PAWS ASSISTING WOUNDED WARRIORS

D Employer identification number
45-485260

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9935 s 76th AVE H

E Telephone number
708-369-1981

City or town, state or province, country, and ZIP or foreign postal code
BRIDGEVIEW, IL 60455

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ PAWWS.ORG

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	116974
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory 5a		
	b Less: cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c		
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b			
c Less: direct expenses from gaming and fundraising events 6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			
7a Gross sales of inventory, less returns and allowances 7a			
b Less: cost of goods sold 7b			
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c			
8 Other revenue (describe in Schedule O) 8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		116974	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10		
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		
	13 Professional fees and other payments to independent contractors 13		871
	14 Occupancy, rent, utilities, and maintenance 14		17838
	15 Printing, publications, postage, and shipping 15		2334
	16 Other expenses (describe in Schedule O) 16		70620
17 Total expenses. Add lines 10 through 16 ▶ 17		91663	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) 18		25311
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		39139
	20 Other changes in net assets or fund balances (explain in Schedule O) 20		25276
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		64415

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36139	22 46539
23 Land and buildings		23
24 Other assets (describe in Schedule O)	3000	24 17876
25 Total assets	39139	25 64415
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39139	27 64415

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PROVIDE SERVICE DOGS TO VETS WITH PTSD

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PAM BARNETT PRESIDENT	8			
COLLEEN GRINDER VICE PRESIDENT	4			
LISA FRANCIS SECRETARY	2			
RICHARD SCHROEDER TREASURER	1			
KEITH AGUINA VETERAN LIASON	2			
CATHY NOLAN FUNDRAISING	1			
MIKE SULLIVAN DIRECTOR-VETERAN HOME STUDY INSPECTOR	2			
DAVE CIMARRUSTI VETERAN FUNDRAISER	1			
CAROL DARLUENT-CODY FUNDRAISING	1			