## Form 990

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4847(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.

2017 Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address WEST SUBURBAN HUMANE SOCIETY Name change 23-7355420 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return termir atod 630-960-9600 1901 W OGDEN AVE City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 9,514,902. Amende DOWNERS GROVE, IL 60515 H(a) is this a group return Applica F Name and address of principal officer: CAROLYN MOSSBERGER for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No. Tax-exempt status: X 501(c)(3) 501(c) If "No." attach a list. (see instructions) ) ◀ (insert no.) [ 4947(a)(1) or J Website: HTTP://WWW.WSHS-DG.ORG/ H(c) Group exemption number ▶ K Form of organization: X Corporation Association Trust Other > L Year of formation: 1973 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE SHELTER AND MEDICAL Governance ATTENTION FOR DOGS AND CATS AND TO FIND HOMES FOR ADOPTION OF PETS -Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) <u>12</u> **Activities &** Total number of individuals employed in calendar year 2017 (Part V, line 2a) 14 Total number of volunteers (estimate if necessary) 522 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 ...... Ô. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 485,732 671,421. Revenue Program service revenue (Part VIII, line 2g) 87,816. 75,672. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -330. 108,030. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Ō. 573,218. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 855,123. Grants and similar amounts paid (Part IX, column (A), lines 1-3) O. 14 Benefits paid to or for members (Part IX, column (A), line 4) O. Ō. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 311,403. 288,021. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 460,584 483,422. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 771,987. 771.443. -198,769. Revenue less expenses. Subtract line 18 from line 12 83,680. 5 Beginning of Current Year End of Year Total assets (Part X, line 16) 3,264,875. 3,414,586. 21 Total liabilities (Part X, line 26) 32,561. 29,333. 22 Net assets or fund balances. Subtract line 21 from line 20 3,232,314. 3,385,253. 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. Sian Type or print riame and title Here Date Print/Type preparer's name PIIN Preparer's signature Paid PAUL J. ROZEK 1200542258 Firm's name SELDEN FOX Preparer LTD. Firm's EIN 36-2985770 Firm's address 519 ENTERPRISE DRIVE **Use Only** OAK BROOK, IL 60523-8835 Phone no.630-954-1400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
	HUMANE EDUCATION		\ fuestarte2	8,07
4b	(Code:) (Exponses \$	1,910. Including grants of \$	) (Rovenue S	0 45
				<del></del>
	ADOPTION, ANIMAL	CARE & TRAINING	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<b>4a</b>	(Code: ) (Expenses \$	588,834 • Including course at \$		67,59
	Section 501(c)(3) and 501(c)(4) org revenue, if any, for each program s	allications are required to report the amount of oran	nts and allocations to others, the total	expenses, and
4	Describe the organization's progra	m service accomplishments for each of its three lar	gest program services, as measured i	W BYDODAA
3	If "Yes," describe these changes of	ting, or make significant changes in how it conduction Schedule O.	ts, any program services?	Yes [
3	ii i eo, describe triesa tem setat	es on Schedule D.		
	pnor Form 990 or 990-EZ?	***************************************	n were not listed on the	☐ Yes [
2	Did the organization undertake an	y significant program services during the year which		
	THE PUBLIC TO HUM	ANELY CARE FOR DOGS AND C	ATS - HUMANE EDUCAT	ION.
	TOTAL FOR ADOPTIO	ND MEDICAL ATTENTION FOR IN OF PETS - ANIMAL WELFAR	P MO BINTICISMOS SAME	
1		HUSSIDII:		
•		ns a response or note to any line in this Part III		

## 23-7355420 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, DX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX **11d** e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X **12a** b Was the organization included in consolidated, independent audited financial statements for the tax year? if "Yes," and if the organization enswered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 125 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 14h foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15

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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

complete Schedule G. Part III

## WEST SUBURBAN HUMANE SOCIETY Form 990 (2017) 23-7355420 Page 4 Part IV Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a X **24**a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ..... d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ..... 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? if "Yes." complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization Equidate, terminate, or dissolve and case operations?

if "Yes," complete Schedule N, Part I

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Part V, line 1

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

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

if "Yes," complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Schedule N, Part II

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35b

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	INT.V. Statements Regarding Other IRS Fillings and Tay Compliance	23	<del>-735542</del>	0	Page
15.6	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
	2 topolog a tota any might dis Part a	***************************************	****************		ᆫ
18	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable	ta	1	Yes	<u>N</u>
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
C	<ul> <li>Did the organization comply with backup withholding rules for reportable payments to yendors and a</li> </ul>	sportoble comine		4	
	(gambling) winnings to prize winners?	oboumpia Astituté	- 1		1
<b>2</b> a	cities the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements		1c	1 -	+-
	filed for the calendar year ending with or within the year covered by this return	28	14		ľ
Ь	If at least one is reported on line 2a, did the organization file all required federal employment to a man	2		X	1
	Thorse in the sum of littles has also za is greater than 250, you may be required to 6-file (see instructions	)			+-
38	So the digalization have unrelated pusiness gross income of \$1,000 or more during the Man?		_		X
D	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	^	-	_	†==
48	and any unite during the calendar year, did the organization have an interest in or a signature of other.			1	⇈
	inancial account in a foreign country (such as a bank account, securities account, or other financial)	account)?	48		x
D	in 169' errei die hans of the totsidu corlutà:		. 175	المناه الأ	1
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			(
58	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	************************	5a	ĭ	X
-	The may revenue being fromly upo organization that it was or is a north to a probleton tow about a property of	-A1 A			X
C	ii res, to life sa or sp, did the organization file Form 8886-7?				
oa	TY PER THE WAY UND AND AND AND AND AND AND AND AND AND A		44 4-		$\top$
h	any contributions that were not tax deductible as charitable contributions?		. Ga		X
	an express statement that such contribution an express statement that such contribution	ons or gifts			
7		******************	6b		ļ
	Organizations that may receive deductible contributions under section 170(c).  Did the propagation receive a payment in excess of \$75 and posts.				ر از آن تمشیعا
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services a did the organization political partly as a contribution and partly for goods and services a did the organization political partly as a contribution and partly for goods and services a did the organization political partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and partly for goods and services a payment in excess of \$75 made partly as a contribution and a contribution and a contribution and a c	rices provided to th	e payor? 7a		X
c	if "Yes," did the organization notify the donor of the value of the goods or services provided?	*****************	7b		
•	The the digenization self, excitatings, or construise dispose of tangible personal property for which it was	n energiesel			
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year				X
•	Did the organization receive any funds, directly or indirectly as indirectly as a	7d		图到	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ntract?	<u>7</u> e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra if the organization received a contribution of qualified intellectual property, did the organization file For	ct?	<u>7</u> 7	igsquare	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	m 8899 as requi	red? 7g		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained i	ion file a Form 10			
	SPORSORING ORGANIZATION have excess husiness holdings at any time of the attention in			E.Z.	
9	Sponsoring organizations maintaining donor advised funds.	*****************************		. :	, -: -
a	Did the sponsoring organization make any taxable distributions under section 4966?			الاخت	Œ
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	*********************	<u>9a</u>		
IU	Section 501(c)(7) organizations. Enter:	•	96	Part of	b
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
U	Gloss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Ob			Ŋġ.
11	Section 501(c)(12) organizations. Enter:	100			
8	Gross income from members or shareholders	1a			
b	Gross income from other sources (Do not net amounts due or pald to other sources against		<b></b>		ed ir.
	amounts due or received from them.)	1b			$j^{(i)}$ $i$
2a :	pection 494/(a)(1) non-exempt charitable trusts, is the organization filing Form 900 in the of Form 4	1412	12a	raceu.	
D	r Yes," enter the amount of tax-exempt interest received or accrued during the year	2ь і		ir ÷all £	er a
	section of 1(c)(29) qualified nonprofit health insurance issuers.				
<b>a</b>	s the organization licensed to issue qualified health plans in more than one state?		13a	السنعة	
	tote. See the instructions for additional information the organization must report on Schedule O	····			
DI	inter the amount of reserves the organization is required to maintain by the states in which the	_			. Zî. Namî
, ,	organization is licensed to issue qualified health plans	3b			
٠.	and the substitution lessives ou usud	3c			
	The discontinuous receive any payments for indoor tanning services during the tax year?		14a		X
<u> </u>	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	)	14b		_
			Form	990 (2	(017)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 23-7355420 Page 6

=	Check if Schedule O contains a response or note to any line in this Part VI				X
<u> </u>	ction A. Governing Body and Management				
				Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	L 3			5
	If there are material differences in voting rights among members of the governing body, or if the governing	$\neg$			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ľ			ŀ
t	Enter the number of voting members included in line 1a, above, who are independent	.2		. 4	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		4	
	officer, director, trustee, or key employee?	17.4	2		X
3	Did this organization delegate control over management duties customarily performed by or under the direct customariles		4		-
	of officers, directors, or trustees, or key employees to a management company or other person?	-	.	i	x
4	Did the organization make any significant changes to its governing documents since the order form one was filed.		3		
5	Did any digenization become aware during the vear of a significant diversion of the organization's associated	•	4		X
6	Did the organization have members or stockholders?	_	5		X
78	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	·  -	6		X
	more members of the governing body?  Are any governance decisions of the comprehensive second to the comprehensive	1_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·  -7	/e		X
	persons other than the governing body?	-	ŀ		
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	يا.	Ъ		X
а	The governing body?		- 1		<i>**</i>
b	The governing body?  Each committee with sutherity to get on behalf of the government body?	. <u>L</u> E	la	X	
9	Each committee with authority to act on behalf of the governing body?	. 上8	b	X	
_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1		- 1	
Sec	tion B. Policies (This Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at a 18 control of the Section B mayorts information at 18 control of the Section B mayorts information at 18 control of the Section B mayorts information at 18 control of the Section B mayorts information at 18 control of the Section B mayorts information at 18 control of the 18 control of t	<u>. 1.1</u>	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
10a	Did the complession have least charten to the same and th			Yes	No
	Did the organization have local chapters, branches, or affiliates?	_10	)a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Т		
440	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	ъ		
110	ries the organization provided a complete copy of this form 990 to all members of its coverning body before filing the form?	11	[a	X	
42a	and process, it drip, deed by the dright to review this Form sign.				7. 5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	ъТ	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		T	$\neg$	
40	in Schedule O how this was done	12	20	x	
13		1:	3	X	
14	organization may a written cocument retention and destruction policy?	10	1	$\neg$	X
15	bit are process for determining compensation of the following persons include a review and approval by independent	23.	4J.	Jan Y	9 Tun 1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	23		學計	
a	The organization's CEO, Executive Director, or top management official	15	د المدادة م	x	
b	Cuter officers of key employees of the organization	15	_	$\frac{1}{x}$	
	135 13 mile 132 of 135, describe the process in Schedule O (see Instructions).	X32#	Jun 137		़ कर
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		3 ! 3 !		
	taxable entity during the year?	16	_	is	X
þ	If Yes, and the organization follow a written policy or procedure requiring the progration to evaluate its participation	đ	āГ.	F 1 8	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16		-2 3 12	
Sect	ion C. Disclosure	1 10	<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed ▶IL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501/c)/30s and	Quell-	aht-		
	to public inspection, indicate now you made these available. Check all that apply.	EA STILL	4U18		
	Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy or	_ A			
	statements available to the public during the tax year.	u IINE	ınci8	II.	
20	State the name, address, and telephone number of the person who possesses the oversization's books and records.				
	CATHI PESAVENTO - 030-9600-9600				—
	1901 W. OGDEN AVENUE, DOWNERS GROVE, IL 60515	-			
	11-28-17	Eco	_ 0	00 (0)	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.

  • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title  Average hours per week (ist any hours for related organizations below (ine)  1) JENNIFER BAHLMARM  (B) Average hours per week (ist any hours for related organizations below (ine)  (C) Position (do not obeck more than one box, unixas persons is both an officer and a director/frustoo)  (do not obeck more than one box, unixas persons is both an officer and a director/frustoo)  (do not obeck more than one box, unixas persons is both an officer and a director/frustoo)  (ist any hours for related organizations below (ine)  (ine)  (D) Reportable compensation from related organizations (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (ID)  (E) (F)  Reportable compensation from related organizations (W-2/1099-MISC)  (W-2/1099-MISC)  (ID)  (IE)  (IE)  (IE)  (IF)  (IF)  (IF)  (IV)  (	ated at of er sation the ation ated
hours per week (list any hours for related organizations below line)  (1) JENNIPER BAHLMANN  hours per week (list any hours for related organizations below line)    A	nt of er sation the ation ated ations
week (ist any hours for related organizations below (ine)  (1) JENNIFER BAHLMANN  week (ist any hours for related organizations below (ine)  To a sector/related organization (W-2/1099-MISC)  ### ### ### ### ### ### ### ### ### #	er sation the ation ated ations
(Ist any hours for related organizations below (ine)  (1) JENNIFER BAHLMANN  (Ist any hours for related organizations below (ine)  (Ist any hours for related organizations (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (Inc)	sation the ation ated itions
(1) JENNIFER BAHLMANN 7.00	ation ated ations
(1) JENNIFER BAHLMANN 7.00	ated ations
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DERGINDER BAHLMANN 7.00	0.
PRRSIDENT	0.
	v .
(2) CLOOMAN, RUTH 5.00	<u> </u>
VICE PRESIDENT X X X 0.	0.
(3) MCLACHLAN, BRIAN 3.00	<del></del>
SECRETARY X X 0.	0.
(4) PESAVENTO, CATHY 7.00	<u> </u>
TREASURER X X 0.	0.
(5) AMBLER, CHRISTIAN 3.00	<u> </u>
DIRRCTOR X 0.	0.
(6) BONHAM, LORIE 1.00	<u> </u>
DIRECTOR X 0.	0.
(7) BRANDES, TIM	<del>- 0 •</del>
DIRECTOR X 0.	0.
(8) EVANS, DEXTER 1.00	<u> </u>
DIRECTOR X 0.	0.
(9) GORMAN, CHRIS	<u> </u>
DIRECTOR X 0.	0.
(10) INGOLD, JIM 2.00	<u> </u>
DIRECTOR X 0.	0.
(11) REATE, ANGELA	<u> </u>
DIRECTOR X 0.	0.
(12) STRONDERG, HARK 3.00	<u> </u>
DIRECTOR X 0.	0.
(13) TSAI, DIANA 0.50	<u> </u>
DIRECTOR X 0.	0.
(14) RISENBERG, KEN 7.50	<u> </u>
DIRECTOR (THROUGH 01/01/17) X 0.	0.
(15) VAN VEEN, PETER 1.00	<u> </u>
DIRECTOR (THROUGH 05/15/17) X 0.	0.
(16) MOSSBERGER, CAROLYM 60.00	<del></del>
EXECUTIVE DIRECTOR X 76,291. 0. 6,6	96.
	<del></del>

732007 11-28-17

Form 990 (2017)

(Cros) 066 m	no-i									32008 31-52-17
	nsrti	enom bevelved more	spo	beta	) 8 <del>0</del> 1	)	ot b	etin	ding but not lin	S Total number of bridependent contractors (included) Total for the contraction of the co
									<u> </u>	S Total number of independent for particular S
								~		
							_		<del></del>	
(C) rpensation	ces Com	(B) Description of servi					H	NO	N ssaup	bs eseriaud bris errisM
		LESY XET S'ROUSSIRE YES	arti ri	upj.w	JO	yim	Bujp	oue	mo/ =====	(A)
mont no	itaenagmoo to 000,00	) t\$ nart erom bevieser	tertt	<b>STO</b>	рвс	COU	inal	oue	qəbni betasna	Complete this table for your five highest comp     the organization. Report compensation for the
X 9					201	ad i	2000	101	C OUTDOUGO ON	Section B, Independent Contractors
TO S	al for services			-,				2014	COURCINOUS BY ITS	JUB JO BARDOJ RL BUII LIO DATRIL INCENT A IM PAR
X	nothesinageo	edi mon noussneamo. Top palitica	Jaun	U Ditu L. edit	B IN	Jube 192. (	nort HOLO	KUC Wa	003 H *Y85. C	0'001A lmin
X E										line 18? N "Yes," complete Schedule J for suc.  For any individual listed on line 1a, is the sum and related organizations unsate that one are
ON SeY	loyee on	qme betasnedmoo teer	tgid 1	O '96	John	dwa	квх	<b>'Đ</b> Đ	rector, or trust	2 Did the organization list any former officer, dil
0					_					
	eldshogen to 00	00,00 t\$ nartt erom bevi	ece.	оцм	(OA	ods	beta	il 6:	eorli of belimil	Total number of individuate (including but not compensation from the organization
·969'9	.0	1 100 74	1	₹						C LOUR GLOOD HINDS ID STILL IS
·969'9	1.0	.0	┦:	<b>ጟ</b>	•••••	•••••				
		100 94	+	}	T	_	Т	Т		1b Sub-total
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		<del></del>	╁	Н		<del> </del>	-	-	<del> </del>	
enchazinagio			termer.	Highest compensated employee	5	Officer	in sea	1	(9ui)	
batsien bns				# B	Key employee		nsinyload trusty	Individual tradbe	enganizations woied	
arti moni noitezinagno	(W-2/1089-MISC)	(W-S/1089-MISC)		15 E			12	200	betalen	
compensation	enolfasinagro	edt		•				director	nours for	
amount of other	compensation from rélated	moni	(00)	esselvo	hoch	p w pt		200	Week (list any	
betsmited	Peportable solites regions	eldahoqeA noitaaneqmoo	UP U	nent o	mon nosn	ypey:	oiun '	xoa	ponus bet	
(日)	(3)	(a)			10	)) 204		i	(B) egatevA	(A) eliti bns emsM
eged US#0	CCC1 - CA (beuninoo) se	evolgmä batssnagmo	at C	еμБј	ΗP	ue 'i	B <b>00</b> /	Olo	tees, Key Em	Part VII Section A. Officera, Directora, Trus

-		-, - <del>, -</del> ;	Check if Schedule O co	TILBUIS & F	espons	e or note to any	line in this Part VIII .	(B)	100	
<b>19</b> 0	, <u>.</u>				4	j	Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
			Marshamble dia.	••••••	1a	·				0.2 0.4
98		C C	Membership dues	•••••	1b		4			
E		d	D-l-t-t-		1c	116,292	•			
9.E		-	Government grants (contribu		10		-	,		l
50		•	All other contributions, gifts, gra	utons)	10		4			
Part.		•	similar amounts not included ab	ans, and		555				
至	ļ	a	Noncash contributions included in line		11	555,129	•			ŀ
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f	™ 14-1E \$_		67,079				) }**
	Ī		TOTAL PROPERTY OF THE PROPERTY	***********	********		671,421.	and the second second	· CONSTRUCTOR	
8	2	2 a	ADOPTION FEES			Business Code 900099	and the state of t			
Program Service Revenue	l	HUMANE EDUCATION			900099	67,594.	67,594.			
ßξ		C					8,078.	8,078.	<b></b>	
F 9		d								
<u>§</u>		8								
•		f	All other program service rev	enue					<del></del>	<del></del>
_		9	Total. Add lines 2a-2f	**********	********		75,672.			
	3	3	investment income (including	dividend	s, inter	est, and		<u> </u>	Ly gartena i, gi	
			other similar amounts)	********	•••••		25,713.			05 24
	4		income from investment of ta	x-exempt	bond p	roceeds 🕨				25,713
	5		Royalties	•	•••••					
				(i) R	eal	(ii) Personal			N. 7/5 W. 1.00	AL STREET
			Gross rents							
		Ь	Less: rental expenses					Property of the Communication	**************************************	<del> </del>
ı		C	Rental income or (loss)						-	•
			Net rental income or (loss)						· ·	
	7		Gross amount from sales of	(i) Secu		(ii) Other				
ı			assets other than inventory	8,712	,987.			ļe.		
- 1			Less: cost or other basis							
			and sales expenses	B,630	,670.					a in the second of the second
		d i	Gain or (loss)	82	,317.			The state of the s		
	A		Net gain or (loss)		······································	<b>&gt;</b>	82,317.			82,317.
Revenue			including \$ 116		not					
8			contributions reported on line			1.				
٦ ا		1	Part IV Hop 19	-	а	29,109				
<b>§</b>	1		Less: direct expenses	************		29,109.		4		:
٦	•	c I	Net income or (loss) from fund	ralsing ev	≈ L ents			piedo en entre weign		: از چړک څخه خو
- [	9 8	B (	Gross income from gaming act	ivities. Se	∍e ſ		<u></u>	<del>*                                      </del>	<del></del>	<del> </del>
- [		F	Part IV, line 19	•••••	a	Į.				
Ī	ŧ	ן פ	Less: direct expenses		Ы					
- 1		1 3	Net income or (loss) from gaml	ng activiti	es <u></u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			و المدارية ومستدند
1	10 a	9 (	Bross sales of inventory, less n	eturns	ſ			The second of the second	The state of the state of	
		8	and allowances		a	!;		#		
- 1		Ł	ss: cost of goods sold	• • • • • • • • • • • • • • • • • • • •	Ы					
H		: 1	let income or (loss) from sales	of invent						·
-	1 a		Miscellaneous Revenue		<u> </u> B	usiness Code				<del></del>
	b	_								
		<u> </u>								
	d	, _	Il other revenue							
			otal. Add lines 11a-11d	• • • • • • • • • • • • • • • • • • • •	L	<del></del>				
_ 1	2		otal revenue. See instructions.		•••••••	······································	OFF 100	≥35°		* <u></u>
	_	B-17			********		855,123.	75,672.	0.1	108,030.

Form 990 (2017) WEST SUBURBAN
Part: IX Statement of Functional Expenses

500	ction 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo	mplete all columns. All o	ther organizations must	complete column (A).	
Do	not include amounts reported on lines 6b,	(A)	n this Part IX(B) Program service	(C)	(X
_	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundralsing
1	Grants and other assistance to domestic organizations				expenses
_	and domestic governments. See Part IV, line 21				1. 36
2	Grants and other assistance to domestic				G. Simply at 1
3	individuals, See Part IV, line 22				Control of Mariana
•	organizations, foreign governments, and foreign				To 127 147
	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	82,987.	EE 000	40 -04	
6	Compensation not included above, to disqualified	02,307.	55,089.	10,701.	17,197.
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)				
7	Other salaries and wages	180,550.	120,124.	22,128.	30 000
8	Pension plan accruals and contributions (include		120,124.	22,140.	38,298.
	section 401(k) and 403(b) employer contributions)				
8	Other employee benefits	6,718.	4,346.	1,356.	1 016
10	Payroll taxes	17,766.	13,502.	2,487.	1,016. 1,777.
11	Fees for services (non-employees):			2/40/.	
a	Management				
b	Legal				
C	Accounting	13,945.		13,945.	
đ	Lobbying				
8	Professional fundraising services. See Part IV, line 17		10 to 10	RZJAKINA Z 1	
f	Investment management fees	14,348.		14,348.	
g	Other. (If line 11g amount exceeds 10% of line 25,	5 000			
12	column (A) amount, list line 11g expenses on Sch 0.)	6,000.			6,000.
13	Advertising and promotion	0 500			
14	Office expenses	8,560.	5,613.	2,434.	513.
15	Royalties				
16	Occupancy	32,901.	28,099.		
17	Travel	32,301.	20,033.	2,659.	2,143.
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	13,392.	12,470.	77.	845.
	Insurance	16,590.	4,605.	11,379.	606.
	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line		可是各类的 2. a. a.	THE MANTEN	
	248 amelini ayeesiis 10% of lina 25 column (A) - 166				
a	amount, list line 24e expenses on Schedule 0.) VETERINARY CARE				
	MEDICAL SUPPLIES	122,588.	122,588.		
	FOOD	60,490.	60,490.		
	ANIMAL SUPPLIES	60,285. 33,875.	60,285.		
	All other expenses SEE SCH O	100,448.	33,875.	6-100	
	Total functional expenses. Add lines 1 through 24e	771,443.	69,658. 590,744.	6,482.	24,308.
в ,	loint costs. Complete this line only if the organization	,	770,744.	87,996.	92,703.
	eported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.			l	
	theck here If following SOP 98-2 (ASC 958-720)		_	1	
2010	11-29-17				

	ai r V	Charles Sheet					
_	_	Check if Schedule O contains a response or no	ote to any line in	this Part X			
	<b>—</b>				(A) Beginning of year		(B) End of year
	1	Cash - non-Interest-bearing		***************************************	229,993	1	187,946
	2	Savings and temporary cash investments			2	960,000	
	3	Piedges and grants receivable, net		3	200,000		
	4	Accounts receivable, net		***************************************	17,766		48,078
	5	Loans and other receivables from current and f	ormer officers. c	lirectors.		-	The second of the second of
		trustees, key employees, and highest compens	ated employees	. Complete			
	1	Part II of Schedule L		1 -			
	6	Loans and other receivables from other disqual	ified persons /ac	dofined under	The state of the s	5	I GOOD TO THE STATE OF THE STAT
		section 4958(f)(1)), persons described in section	n 4958(c)/3)/B)	and contribution		1	
		employers and sponsoring organizations of sec	tion 501(c)(0) vo	and contributing	1 324		[[agh : 10 - 10 - 10 = 10]
23	1	employees' beneficiary organizations (see Instr)	Complete Book	Hot Cab I	Land Land Committee		ريني جسند عد المنا
<b>Assets</b>	7	Notes and loans receivable, net	. Compate Fan	II Of Sch L		6	
₹	8	Inventories for sale or use	•••••••••••			7	
	9	Inventories for sale or use	***************************************	•••••		8	
	10a	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other	1 1	•••••••	6,233.	9	10,594
	""			704 255			
	١ ـ	basis. Complete Part VI of Schedule D	10a	794,357.			
	111	Less: accumulated depreciation	10b	199,943.	600,501.	10c	594,414
	1	Investments - publicly traded securities	***************************************	***************************************	2,056,486.	11	1,216,409
	12	Investments - other securities. See Part IV, line 1	I1		327,684.	12	358,988
	13	Investments - program-related. See Part IV, line	11	***************************************		13	
	14	Intangible assets	***************************************	***************		14	
	15	Other assets. See Part IV, line 11			26,212.	15	38,157
_	16	I otzi assets. Add lines 1 through 15 (must equi	al line 34)		3,264,875.	16	3,414,586
	17	Accounts payable and accrued expenses	32,561.	17	29,333.		
	18	Grants payable				18	
	19	Deterred revenue				19	
	20	rax-exempt bond liabilities				20	
	21	escrow or custodial account liability, Complete F	Part IV of Sched	ule D		21	
8	22	Loans and other payables to current and former	officers, directo	rs, trustees.			COLEME TO COMPANY
	l	key employees, highest compensated employee	s, and disqualifi	ed nemons	$\epsilon$		
		Complete Part II of Schedule L	•		ta da cara de la caractería de la caract	22	
۱ ر	23	Secured mortgages and notes payable to unrela	ted third parties			23	
1	24	Unsecured notes and loans payable to unrelated	third parties	***************************************			
1	25	Other liabilities (including federal income tax, pay	Ables to related	third		24	
- 1		parties, and other liabilities not included on lines	17-24) Complet	a Bort V of			
ı		Schedule D	,	""""			
[	26	Total liabilities. Add lines 17 through 25	32,561.	28	20 222		
		Organizations that follow SFAS 117 (ASC 958)	. check here	X) and	J4, JUL.	20	29,333.
g		complete lines 27 through 29, and lines 33 and	134	CEL BING			
}	27	Unrestricted net assets		ľ	3,229,814.	المظفدة	7 705 05-
	28	Temporarily restricted net assets			2,500.	27	3,385,253.
;	29	Permanently restricted net assets	2,300.	28	<u> </u>		
		Organizations that do not follow SFAS 117 (AS	C 059\ ahaak I		with a file (Control of the control	29	72 C. 21 C. 21
;		and complete lines 30 through 34.	~ 200/, CHECK !				
	30	Capital stock or trust principal, or current funds		ľ			
	31	Paid-in or capital surplus, or land, building, or equ		······		30	
	32	Retained earnings endorment engineers.	white inite	··· <u>·</u> ·······		31	
:	33	Retained earnings, endowment, accumulated inc	ome, or other fu	nas	3 656 64	32	
- 1	34 ·	Total net assets or fund balances  Total liabilities and net assets/fund balances	• • • • • • • • • • • • • • • • • • • •	······ L	3,232,314.	33	3,385,253.
		· · · · · · · · · · · · · · · · · · ·			3,264,875.	34	3,414,586.