Form **990**

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.



| Dep | artmen nal Rev | t of the Treasury renue Service | Go to www.irs.gov/Form990 for instructions and | - | - | Open to Public Inspection |
|--------------------------------|-----------------------|------------------------------------|--|-------------|-------------------------------|------------------------------|
| - | _ | | ar year, or tax year beginning and | ending | | |
| В | Check i applica | if C Name of | organization | | D Employer identifica | ation number |
| | Add | | SUBURBAN HUMANE SOCIETY | | | |
| | Nam char | ige Doing bu | isiness as | | 23-735542 | 0 |
| | Initia | n Number | and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | Fina retur term | | W OGDEN AVE | | 630-960-9 | |
| _ | ated | City or to | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,417,120. |
| | retur | | ERS GROVE, IL 60515 | | H(a) Is this a group ret | |
| | Appi tion | line line | address of principal officer; CAROLYN MOSSBERGER | | for subordinates? | |
| | _ | SAME | AS C ABOVE | | H(b) Are all subordinates inc | tuded? Yes No |
| - | | | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (| or 527 | If "No," attach a li | st. See instructions |
| _ | Webs | | ://WWW.WSHS-DG.ORG/ | _ | H(c) Group exemption | |
| - | _ | of organization; | Corporation Trust Association Other | L Year | of formation: 1973 M | State of legal domicile; IL |
| Pa | art I | | | | | 57011 |
| e | 1 | Briefly describ | e the organization's mission or most significant activities: PROV | IDE SH | ELTER AND ME | DICAL |
| Activities & Governance | | | ON FOR DOGS AND CATS AND TO FIND I | | | |
| Perr | 2 | Check this boy | | sed of more | 1 1 | |
| go | 3 | | | | 3 | 12 |
| ď | 4 | | ependent voting members of the governing body (Part VI, line 1b) | | | <u>12</u> 16 |
| ties | 5 | | of individuals employed in calendar year 2023 (Part V, line 2a) | | | 500 |
| tivi | 6 | I otal number o | of volunteers (estimate if necessary) | <i></i> | 6 | 0. |
| Ac | | | business revenue from Part VIII, column (C), line 12 | | | 0. |
| - | | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | Prior Year | Current Year |
| | | | | | 1,016,813. | 2,077,781. |
| Revenue | 8 | | and grants (Part VIII, line 1h) | | 110,744. | 136,955. |
| ver | 10 | | æ revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d) | | 17,133. | 67,488. |
| Å | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | 12 | | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,144,690. | 2,282,224. |
| - | 13 | | hilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | | o or for members (Part IX, column (A), line 4) | | 0. | 0. |
| S | | | | | 417,148. | 472,857. |
| Expenses | 16a | Professional fu | compensation, employee benefits (Part IX, column (A), lines 5-10) ndraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 152,77 | | 0. | 0. |
| be | Ь | Total fundraisir | ng expenses (Part IX, column (D), line 25) 152,77 | 73. | | |
| ŵ | 17 | | s (Part IX, column (A), lines 11a-11d, 11f-24e) | | 769,096. | 831,562. |
| | 18 | | Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,186,244. | 1,304,419. |
| | 19 | | xpenses. Subtract line 18 from line 12 | | -41,554. | 977,805. |
| Ces | | | | Be | ginning of Current Year | End of Year |
| sets alan | 20 | Total assets (P | art X, line 16) | | 5,081,956. | 6,127,086. |
| Net Assets or Fund Balances | 21 | Total liabilities | Part X, line 26) | | 47,772. | 68,330. |
| | | | und balances. Subtract line 21 from line 20 | | 5,034,184. | 6,058,756. |
| Pa | irt 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 off | | Date | | | |
|----------------------|-----------------------------|--|-----------------------|-----------------|----------------|------------------------|
| | Print/Type prepared PAUL J. | ROZEK | Breparer's signature | Date 09/18/2 | | PTIN P00542258 |
| Preparer Use Only | | SELDEN FOX, LTD. ONE PARKVIEW PLAZ OAKBROOK TERRACE, | • | | Firm's EIN 36- | 954-1400 |
| - | | return with the preparer shown ab | ove? See instructions | | | X Yes No |
| | - | eduction Act Notice, see the sepa | | | ONTINUATI | Form 990 (2023) |

| Death IV | Checklist of | Denvined | Cabadulaa |
|----------|--------------|------------|-----------|
| | I DOCKUST OT | ' Reduired | Schedules |

| | | | Yes | No |
|-------------|--|----------|--------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | 1 | x | |
| ~ | If "Yes," complete Schedule A | 2 | X | |
| 2 | | <u>۴</u> | | |
| 3 | 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 | 3 | | 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 | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | x |
| ~ | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 8 | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | i i |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | x | |
| h | 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 | 11b | X | |
| с | 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 | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 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 | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | v |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? /f "Yes," complete Schedule F, Parts I/ and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 17 | | х |
| 40 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 11 | | |
| 18 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | x |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u>X</u> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>X</u> |
| 332003 | 12-21-23 | Form | 990 (| 2023) |

332003 12-21-23

10370917 798777 76510-01 2023.04020 WEST SUBURBAN HUMANE SOCIET 76510-01

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| Form | 990 | (2023) |
|------|-----|--------|
|------|-----|--------|

| | | _ | Yes | N |
|-----|---|------------|-----|---------|
| 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 | 22 | | 2 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 23 | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | | 24a | | : |
| ь | | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c 24d | | - |
| | | 240 | | - |
| 203 | | 25a | | |
| h | | | | F |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | - |
| 27 | | | | |
| | | 27 | | Ι. |
| | | 21 | | |
| 28 | | | 2.3 | |
| - | | _ | | |
| a | | 28a | | |
| b | | 28b | | |
| | | | | |
| | | 28c | | |
| | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | X | |
| | | 30 | | |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | _ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | |
| | | 35a | | |
| | 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 | 35b | | |
| | | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. Dot the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization sourcent and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person uning the year? ''', 'complete Schedule L, Part I Did the organization aware that it engaged in an excess benefit transaction with a disqualified person uning the year? ''', 'complete Schedule L, Part I Did the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or 35% controlled entity or family member of any of these persons? II 'Yes,' complete Schedule L, Part III. Did the organization applicable filing thresholds, conditions, and exceptions? A 205% controlled entity of a business transaction with one of the following parties? (See the Schedule L, Part III. Yes,' complete Schedule L, Part IV A 5A5% controlled entity of one or more | 38 | X | LL r |
| _ | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | 1 |
| | Enter the humber reported in box 3 of Point 1030. Enter-0 in hot applicable | | | |
| | | 1 | | |
| b | Enter the humber of Forme W Ed mondade of the Fat Enter of a net application | | | |
| b | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1c | х | |

| 23-7 | 73 | 55 | 420 | Page 5 |
|------|----|----|-----|--------|
|------|----|----|-----|--------|

| | | | | Yes | No |
|--------|---|---|------|------|--------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | - 6 | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 16 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | 2b | X | |
| 3a | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | 14 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | Accounts (FBAR). | 23 | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contribu | | | | |
| - | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | 1210 |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Х | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | |
| Ŭ | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | 7e | - | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, no pay premiums on a personal benefit cont | | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Fi | | 7g | | |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | 1 | | |
| Ŭ | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | • | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | - |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | 211 | |
| b | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | 121 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | | | RA | 11 |
| Ь | Enter the amount of reserves the organization is required to maintain by the states in which the | | | Film | |
| b | organization is licensed to issue qualified health plans | 13b | | See. | 1 |
| • | Enter the amount of reserves on hand | 13c | | | 100 |
| | | | 14a | | X |
| 14a | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | 1.10 | | |
| 15 | | | 15 | | x |
| | excess parachute payment(s) during the year? | | | | |
| 16 | If "Yes," see the instructions and the Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmer | t income? | 16 | | х |
| 16 | | | 10 | | |
| 47 | If "Yes," complete Form 4720, Schedule O. | tivities | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | 17 | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 191 | 1 |
| | If "Yes," complete Form 6069. | | Form | 990 | (2023) |
| 332005 | - 12-21-23 6 | | | | (_020) |
| | v | | | | |

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

Form 990 (2023)

| Form | 990 | (2023) | |
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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 on Schedule O. See instructions.

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

X

| | The second se | 1 | 1 | 2 | Yes | 5 |
|------------|---|-------------|--------------------|--------------|--------------|-------|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | . <u>1a</u> | | - 4 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | 1 | .2 | 17- | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | | . 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations | hip with | any other | | - | |
| | officer, director, trustee, or key employee? | | | . 2 | - | + |
| 3 | Did the organization delegate control over management duties customarily performed by or under | the direc | ct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | + | ╉ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | | + | _ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | | | | + | + |
| 6 | Did the organization have members or stockholders? | | | 6 | 1 | + |
| 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? | | | . 7 a | - | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | , stockh | olders, or | | | |
| | persons other than the governing body? | | | . 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the y | rear by th | e following: | | | |
| а | The governing body? | | | . 8a | X | |
| | 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 re- | | | | | T |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | . 9 | | |
| ect | tion B. Policies (This Section B requests information about policies not required by the Internal | Revenue | e Code.) | | | |
| | | | | | Yes | |
| 0a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such | | | | | Т |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing bo | | | | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | , | 0 | 100 | 199 | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | Т |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri | | | | | T |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | | | | | T |
| | on Schedule O how this was done | | | 120 | X | |
| | Did the organization have a written whistleblower policy? | | | | X | t |
| | Did the organization have a written document retention and destruction policy? | | | | X | T |
| 5 | Did the process for determining compensation of the following persons include a review and appro | | | | | t |
| 5 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | ldependent | | 1 | Т |
| | | | | 15a | X | Т |
| | The organization's CEO, Executive Director, or top management official | | | | 1 | + |
| D | Other officers or key employees of the organization | | | . 100 | | + |
| C - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | omort | uith a | | 1.0 | |
| 03 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang | ement W | nurd | 16a | | T |
| | taxable entity during the year? | | articipation | 108 | | + |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu | | | | 1.00 | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org | anizatioi | 15 | 404 | | |
| | exempt status with respect to such arrangements? | | | _ 16b | 1 | 1 |
| | tion C. Disclosure | | | | | - |
| | List the states with which a copy of this Form 990 is required to be filed IL | | T (| (0)- ' | A | u - 1 |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, | and 990 | +1 (section 501(c) | (ര)ട onl | y) ava | nal |
| | for public inspection. Indicate how you made these available. Check all that apply. | in on Sci | hedule O) | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, of | | , | and fina | Incial | |
| | statements available to the public during the tax year. | een nor t | | | | |
| | State the name, address, and telephone number of the person who possesses the organization's b | ooke an | d records | | | |
| | | oons all | 0100000 | | | |
| 0 | KERRY KOPERA - 630-960-9600 | | | | | |
| 0 | KERRY KOPERA - 630-960-9600 1901 W. OGDEN AVENUE, DOWNERS GROVE, IL 60515 | | | | n 990 | |

| Form 990 (2023) | WEST SUBURBAN HUMANE SOCIETY | 23-7355420 | Page 7 | | | | | | |
|------------------------|---|--------------------------------------|-------------|--|--|--|--|--|--|
| Part VII Comper | nsation of Officers, Directors, Trustees, Key Employees, Highes | st Compensated | | | | | | | |
| Employe | Employees, and Independent Contractors | | | | | | | | |
| Check if S | chedule 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 | e for all persons required to be listed. Report compensation for the calendar year en | ding 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 | box | (C) Positio (do not check mor box, unless persor officer and a direc | | | | hал | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|-----------------------------------|--|--------------------------------|--|---------|--------------|---------------------------------|--------|---|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) MOSSBERGER, CAROLYN | 60.00 | | | | | | | | | 0.000 |
| EXECUTIVE DIRECTOR | | | | X | | | | 89,678. | 0. | 8,083. |
| (2) SCOTT MCMILLLIN | 2.00 | | | | | | | 0 | 0. | 0. |
| PRESIDENT | 0.00 | X | - | X | | - | - | 0. | 0. | 0. |
| (3) MARK MOTUELLE | 2.00 | x | | x | | | | 0. | 0. | 0. |
| VICE PRESIDENT (4) SARAH MARSHALL | 2.00 | | - | | - | - | - | 0. | | |
| (4) SARAH MARSHALL SECRETARY | 2.00 | x | | x | | | | 0. | 0. | 0. |
| (5) KERRY KOPERA | 4.00 | | | | | | - | | | |
| TREASURER | | x | | x | | | | 0. | 0. | 0. |
| (6) CHRISTIAN AMBLER | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (7) COLLEEN ATTWELL | 2.00 | | | | | | | | | |
| DIRECTOR | 1 | X | | | | | | 0. | 0. | 0. |
| (8) LYNN EDMONSON | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (9) BOB KOCH | 2.00 | | | | | | | | | |
| DIRECTOR | · · · · · · · · · · · · · · · · · · · | X | | | | | - | 0. | 0. | 0. |
| (10) MARCI LEVITES | 2.00 | | | | | | | | 0 | 0 |
| DIRECTOR | 0.00 | X | | _ | - | | | 0. | 0. | 0. |
| (11) BRIAN WASIELEWSKI | 2.00 | | | 1.5 | | | | 0 | 0. | 0. |
| DIRECTOR | 2 00 | X | - | - | - | - | - | 0. | 0. | 0. |
| (12) DAVID WELCH | 2.00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR (13) MARIA WROBEL | 2.00 | | - | - | - | - | - | 0. | | |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | Form 990 (2023 |

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| | BURBAN H | | | _ | | | | | 23-735 | 5420 | Pa | ige i |
|---|---|--------------------------------|-----------------------|-----------------|-----------------------|---------------------------------|----------------------|---|---|----------------------|---|---------------|
| Part VII Section A. Officers, Directors, Ti | rustees, Key Em (B) | ploy | ees | , and (C | | ghes | st Co | | | T | (F) | - |
| (A) Name and title | Average hours per week (list any | box | not c , unle | Posit heck n | tion nore son i | than o is both ir/trust | ап | (D) Reportable compensation from | (E) Reportable compensation from related | am | imate ount c other | of |
| | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | fro orga and | ensat om the nizatio relate nizatio | e on ed |
| | | - | | | | | | | | - | | |
| | | - | _ | - | - | | + | | | - | _ | _ |
| | | | - | - | - | _ | + | | | - | | |
| | 1 | + | | | - | | + | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | _ |
| | | - | | 4 | | | - | | | - | | _ |
| b Subtotal | | | | | | | - | 89,678. | 0 | | 1,08 | _ |
| c Total from continuation sheets to Part d Total (add lines 1b and 1c) | | | | | | | | 0. 89,678. | 0 0 | | 8,08 | 033 |
| ? Total number of individuals (including bu compensation from the organization | it not limited to t | nose | liste | d ab | ove | e) who | o rec | ceived more than \$100 | ,000 of reportable | | Yes | N |
| Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo | | | | | | | | est compensated emp | | | | X |
| For any individual listed on line 1a, is the and related organizations greater than \$ | sum of reportat 150,000? <i>If</i> "Yes | ole co ," co | ompe mple | ensat ete S | tion che | and Idule | othe <i>J foi</i> | er compensation from t | he organization | 4 | | X |
| Did any person listed on line 1a receive or rendered to the organization? If "Yes," c | | | | | | | | d organization or indivi | dual for services | 5 | | Х |
| ection B. Independent Contractors Complete this table for your five highest the organization. Report compensation f | | | | | | | | | | nsation fr | om | _ |
| (A) Name and busine | | | ONE | | | | | (B) Description of se | | (C) Compen | sation | 1 |
| | | | | | - | | | | | | _ | _ |
| | | | | | | - | - | | | | | |
| | | | | | _ | | | | | | | _ |
| | | | | | | | | | | | _ | _ |
| Total number of independent contractor \$100,000 of compensation from the orga | | iot lir | nited | to t | thos 0 | | ted a | bove) who received m | ore than | | | |

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Form 990 (2023) WEST SU: Part VIII Statement of Revenue

| _ | | | Check if Schedule O c | ontai | ns a respe | onse | or note to any li | ne in this Part VIII | | | |
|---|----|---|--------------------------------------|----------|-----------------|--------|----------------------|----------------------|--|--------------------------------------|---|
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Its | 1 | а | Federated campaigns | | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | b | Membership dues | | | | | | | | |
| An S | | | Fundraising events | | | | 196,137. | 1 | | | |
| ar ait | | | Related organizations | | | | | | | | |
| ini, | | е | Government grants (contril | butio | ns) 1e | | | | | | |
| rio' | | f | All other contributions, gifts, g | rants, | and | | | | | | |
| the | | | similar amounts not included a | above | 1f | 1, | 881,644. | | | | |
| E E E | | g | Noncash contributions included in li | lines 1a | -1f 1g S | \$ | 105,409. | | | | |
| ခ်င်္ဂ | | h | Total. Add lines 1a-1f | | | | | 2,077,781. | | | |
| | | | | | | | Business Code | | | | |
| 8 | 2 | | ADOPTION FEES | | | | 900099 | 99,077. | 99,077. | | |
| e Š | 11 | b | HUMANE EDUCAT | ION | | | 900099 | 37,878. | 37,878. | | |
| Program Service Revenue | | с | | | | | | | | | |
| an | | d | | | | | | | | | |
| ^B | | е | | | _ | | | | | | |
| ۵ | | f | All other program service re | evenu | Je | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | 136,955. | | | |
| | 3 | | Investment income (includi | ing di | vidends, i | intere | st, and | | | | 66.057 |
| | | | other similar amounts) | | | | | 66,857. | | | 66,857. |
| | 4 | | Income from investment of | ftax-e | exempt bo | ond p | roceeds | | | | |
| | 5 | | Royalties | | | | | | | | |
| | | | | L | (i) Rea | | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | b | Less: rental expenses | 6b | | | | | | | |
| | c | С | Rental income or (loss) | 6c | | | | | | | |
| | | | Net rental income or (loss) | | | | | | | | |
| | | а | Gross amount from sales of | | (i) Securit | | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 86,50 |)0. | | | | | |
| | k | b | Less: cost or other basis | | | | | | | | |
| n a | | | | | 85,86 | | | | | | |
| Sel | | С | Gain or (loss) | 7c | 63 | 31. | | 604 | | | 631. |
| Other Revenue | | | Net gain or (loss) | | | | | 631. | | | 031. |
| hei | | | Gross income from fundraising | | | | | | | | |
| ō | | | including \$ 196 | | | | | | | | |
| | | | contributions reported on li | | | | 40.007 | | | | |
| | | | Part IV, line 18 | | | 8a | 49,027. | | | | |
| | | | Less: direct expenses | | | | 49,027. | 0 | | | |
| | | | Net income or (loss) from fu | | | | | 0. | | | |
| | 9 | а | Gross income from gaming | | | | | | | | |
| | | | Part IV, line 19 | | | 9a | | - | | | |
| | | | Less: direct expenses | | | 9b | <u></u> | | 1 | | |
| | | | Net income or (loss) from g | | | s | | - | | | |
| | 10 | а | Gross sales of inventory, le | | | | | | | | |
| | | | and allowances | | | 10a | (| | | | |
| | | | Less: cost of goods sold 10b | | | | | | | | |
| - | | С | Net income or (loss) from s | ales | ot invento | ry I | | | | - | |
| S | | | | | | | Business Code | | | | |
| Miscellaneous Revenue | 11 | | | | | - | 3 | | | | |
| Ven | | b | | | | - | | | | | |
| Be | | c | | | _ | - | - | | | | |
| Σ | | | All other revenue | | | | / | | | | |
| _ | | e | Total. Add lines 11a-11d | | | | | 2,282,224. | 136,955. | 0. | 67,488. |
| _ | 12 | _ | Total revenue. See instruction | 10 | | | | | 2001000. | | Form 990 (2023) |

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Form 990 (2023) WEST SUBURBAN 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).

| Do | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--------|--|-----------------------|------------------------|---------------------------------------|-----------------------|
| 7b, | 8b, 9b, and 10b of Part VIII. | l otal expenses | expenses | general expenses | 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 | 94,361. | 47,180. | 18,873. | 28,308 |
| 6 | Compensation not included above to disqualified | 51/0011 | , | | |
| 0 | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 339,850. | 262,576. | 1,739. | 75,535 |
| 8 | Pension plan accruals and contributions (include | | | | |
| - | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 4,729. | 4,729. | | |
| 0 | Payroll taxes | 33,917. | 24,333. | 1,512. | 8,072 |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| с | Accounting | 22,932. | | 22,932. | |
| d | Lobbying | | | · · · · · · · · · · · · · · · · · · · | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 6,484. | | 6,484. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 2 | Advertising and promotion | 2.100 | | 2 100 | |
| 3 | Office expenses | 3,166. | | 3,166. | |
| 4 | Information technology | | | | |
| 5 | Royalties | 74.000 | C2 EC1 | 4 071 | 6 121 |
| 6 | Occupancy | 74,063. | 63,561. | 4,071. | 6,431 |
| 7 | Travel | | | | |
| 8 | Payments of travel or entertainment expenses | | | | |
| _ | for any federal, state, or local public officials | | - | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | | | | | |
| 1 | Payments to affiliates Depreciation, depletion, and amortization | 135,144. | 135,144. | | |
| 2 | | 23,561. | 100/1111 | 23,561. | |
| 3 4 | Other expenses. Itemize expenses not covered | 15,5011 | | | |
| 4 | 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 0.) | | | | |
| а | | 157,723. | 157,723. | | |
| a b | 1000 | 90,251. | 90,251. | | |
| 2 | MEDICAL SUPPLIES | 75,913. | 75,913. | | |
| d | ANIMAL SUPPLIES | 65,412. | 65,412. | | |
| e | All other expenses SEE SCH O | 176,913. | 131,933. | 10,553. | 34,427 |
| 5 | Total functional expenses. Add lines 1 through 24e | 1,304,419. | 1,058,755. | 92,891. | 152,773 |
| 6 | 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 if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2023 |

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Part X Balance Sheet

| | | Check if Schedule O contains a response or not | te to any | line in this Part X | | | |
|-----------------------------|-----|--|-----------------|---------------------|---|---------|---------------------------|
| | | al i | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 89,086. | 1 | 173,861. |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | | 18,310. | 3 | 10,871. |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, subs | 1 | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied pers | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | | 6 | | | |
| ŝ | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| š | 9 | Prepaid expenses and deferred charges | | | 11,530. | 9 | 10,985. |
| | 10a | Land, buildings, and equipment: cost or other | 1 1 | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 4,490,258. | A CONTRACTOR OF | 192. | |
| | b | Less: accumulated depreciation | | 450,468. | 4,157,998. | 10c | 4,039,790. |
| | 11 | Investments - publicly traded securities | | | 447,944. | 11 | 1,514,383. |
| | 12 | Investments - other securities. See Part IV, line | | | 356,588. | 12 | 376,696. |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 500. | 15 | 500. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 5,081,956. | 16 | 6,127,086. |
| | 17 | Accounts payable and accrued expenses | | 47,772. | 17 | 68,330. | |
| | 18 | Grants payable | | 40 | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | Part IV o | f Schedule D | | 21 | |
| ŝ | 22 | Loans and other payables to any current or form | er, director, | | | | |
| litie | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrela | ns d parties | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated | arties | | 24 | | |
| | 25 | Other liabilities (including federal income tax, pa | o related third | | | | |
| | | parties, and other liabilities not included on lines | s 17-24). | Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 47,772. | 26 | 68,330. |
| | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | 1 | |
| lan | 27 | Net assets without donor restrictions | | | 5,034,184. | 27 | 6,058,756. |
| Ba | 28 | Net assets with donor restrictions | | <u></u> | | 28 | |
| pun | | Organizations that do not follow FASB ASC 9 | 58, cheo | k here | | | |
| Ē | | and complete lines 29 through 33. | | | - | | |
| s | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| se | 30 | Paid-in or capital surplus, or land, building, or eq | luipment | fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | come, o | r other funds | | 31 | |
| Net | 32 | Total net assets or fund balances | | | 5,034,184. | 32 | 6,058,756. |
| | 33 | Total liabilities and net assets/fund balances | | | 5,081,956. | 33 | 6,127,086. |

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Form 990 (2023)

| Form | 1990 (2023) WEST SUBURBAN HUMANE SOCIETY | 23- | 73554 | 120 | Pa | ge 12 | |
|------|---|---------|----------|-------|-----|--------------|--|
| Pa | rt 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 | | | | 24. | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1 | | | 19. | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 05. | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5, | | | 84. | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 4 | 5,7 | 67. | |
| 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, | | ~ | 0.5 | | | |
| | column (B)) | 10 | 6, | 05 | 5,7 | 56. | |
| Pa | rt XII Financial Statements and Reporting | | | | | - | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X | |
| | | | r. | | Yes | NO | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | 1.5.5 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul | | | | | v | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | ····· - | 2a | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | -2,1 | |
| | separate basis, consolidated basis, or both: | | - 1 | | 1. | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | x | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | • | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis | , | | 1 | | |
| | consolidated basis, or both: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | 1 | | | | |
| c | 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? | | | 2c | Х | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | nedule | J. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | 20 | | x | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | | - | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | 3b | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | 000 | (2023) | |
| | | | | orm | 000 | (2023) | |

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