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

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Form	990	(2023)
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		_	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
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				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)
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	v				

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

Form 990 (2023)

Form	990	(2023)	
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23-7355420 Page 6

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

10370917 798777 76510-01

8

	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			

23-7355420 Page 9

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)

10370917 798777 76510-01

2023.04020 WEST SUBURBAN HUMANE SOCIET 76510-01

10

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

10370917 798777 76510-01

23-7355420 Page 11

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.

10370917 798777 76510-01

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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13 10370917 798777 76510-01 2023.04020 WEST SUBURBAN HUMANE SOCIET 76510-01