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)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year

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.

Open to Public Inspection

A	ror u	e 2021 calendar year, or tax year beginning and e	ending		
В	Check if applicate	C Name of organization		D Employer identific	cation number
	Addr				
	Name	ae I Doing business as		23-73554	20
L	Initial return		Room/suite	E Telephone number	r
	Final retur	1901 W OGDEN AVE		630-960-	
	termi ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	1,021,241.
Ļ	Amer	DOWNERS GROVE, IL 60313		H(a) Is this a group re	eturn
L	Appli tion pend	no l			? Yes X No
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3)	or 527		list. See instructions
_		te: HTTP://WWW.WSHS-DG.ORG/		H(c) Group exemption	
$\overline{}$		f organization: X Corporation Trust Association Other	L Year	of formation: 1973	1 State of legal domicile: IL
	art I	Summary	CDE GI	TT MED 3310 36	EDICAT
ce	1	Briefly describe the organization's mission or most significant activities: PROVI ATTENTION FOR DOGS AND CATS AND TO FIND F			
Activities & Governance					
Ver	2	Check this box if the organization discontinued its operations or dispos		1 1	ssets.
တ္	3 4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	12
•ජ ග	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			17
ij	6				456
çį	11.	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	T -	Treat an old to a second text and a second treat to the second treat to the second text and the second tex		Prior Year	Current Year
d)	8	Contributions and grants (Part VIII, line 1h)		790,021.	873,712.
ğ	9	Program service revenue (Part VIII, line 2g)		85,722.	93,805.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,190.	25,065.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		894,933.	992,582.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		379,008.	401,760.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	11.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		589,306.	696,594.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		968,314.	1,098,354.
. 0	19	Revenue less expenses. Subtract line 18 from line 12		-73,381.	-105,772.
ets or	l .		Be	ginning of Current Year	End of Year
		Total assets (Part X, line 16)		5,367,510.	5,196,130.
Net Ass	21	Total liabilities (Part X, line 26)		138,005.	37,092.
-	rt II	Net assets or fund balances. Subtract line 21 from line 20		5,229,505.	5,159,038.
100		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatama	and to the best of m	Unaviladas and halist it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is
	, 001100	g and domplate. Boolandien of property (other shall officer) to be a see of all information of will	on preparer	nas any knowledge.	
Sig	n	Signature of officer		Date	
Her					
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	2 / 10	ate Check	PTIN
Paid	i	PAUL J. ROZEK	/ 1	.0/26/22 if self-employe	P00542258
Prep	arer	Firm's name SELDEN FOX, LTD.	- 1	acii citipio c	36-2985770
Use	Only	Firm's address 619 ENTERPRISE DRIVE			
		OAK BROOK, IL 60523-8835		Phone no.630	0-954-1400
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

	1990 (2021) WEST SUBURBAN RUMANE SUCLETY	23-7333420	Page 2
Pa	Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		Ц
1	Briefly describe the organization's mission:		_
	PROVIDE SHELTER AND MEDICAL ATTENTION FOR DOGS AND CATS		
	HOMES FOR ADOPTION OF PETS - ANIMAL WELFARE. TO EDUCATE		AGE
	THE PUBLIC TO HUMANELY CARE FOR DOGS AND CATS - HUMANE E	DUCATION.	
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	X No
•	If "Yes," describe these changes on Schedule O.		, NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		_
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses,	, and
_	revenue, if any, for each program service reported.	7.0	100
4a	//	\$	<u>,123.</u>)
	ADOPTION, ANIMAL CARE & TRAINING		
	/ 		
	3		
			
	A.		
-	115	1.5	<u> </u>
4b	(Code:) (Expenses \$ 115 · including grants of \$) (Revenue	s15,	,682.)
	HUMANE EDUCATION		
4c	(Code:) (Expenses \$	\$)
	9		
	(a)		
4d	Other program services (Describe on Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$) i	
4e	Total program service expenses ▶ 881,682.		
		Form !	990 (2021)

Form 990 (2021) WEST SUBURBAN HUMANE SOCIETY

Part IV Checklist of Required Schedules

			Van	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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.			
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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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,	10	-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III	20a		X
20a 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	_55		_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	200	X

	990 (2021) WEST SUBURBAN HUMANE SOCIETY 23-735	5420	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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		x
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000	x	
h	"Yes," complete Schedule L, Part IV	28a 28b	- 4	X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	. 200		22
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		- U	
Par	Note: All Form 990 filers are required to complete Schedule O	. 38	X	
	Check if Schedule O contains a response or note to any line in this Part V			

Check if Schedule O contains a response or note to any line in this Part V	 	Ļ
	Vac	ī

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0
h	Enter the number of Forms W-2G included on line 1a. Enter O if not applicable	1h	0

Form **990** (2021)

Form 990 (2021) WEST SUBURBAN HUMANE SOCIETY

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

	w v		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 17		37						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b		Λ					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
₹a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
h	If "Yes," enter the name of the foreign country	4 a							
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	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 the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6 a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		_X_					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_					
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	m							
•	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	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:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Is the organization licensed to issue qualified health plans in more than one state?	120	-						
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		_					
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
~	organization is licensed to issue qualified health plans		- 1						
С	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		_X_					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		_					
	If "Yes," complete Form 6069.		000	(0004)					

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						
Sec	tion A. Governing Body and Management		_							
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12									
	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 O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3										
	of officers, directors, trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			7.7						
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37							
	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77							
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.							
	on Schedule O how this was done	12c	X	-						
13	Did the organization have a written whistleblower policy?	13	Х	v						
14	Did the organization have a written document retention and destruction policy?	14	_	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77							
	The organization's CEO, Executive Director, or top management official	15a	X							
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	Х							
40-										
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х						
la.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Λ						
D										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4Ch								
Sect	exempt status with respect to such arrangements?tion C. Disclosure	16b								
	List the states with which a copy of this Form 990 is required to be filed ►IL									
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	e only	availe	ahle						
10	for public inspection. Indicate how you made these available. Check all that apply.	s orny	avalla	anie.						
	Own website									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ocial							
15	statements available to the public during the tax year.	a mar	icidi							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	KERRY KOPERA - 630-960-9600									
	1901 W. OGDEN AVENUE, DOWNERS GROVE, IL 60515									
anne	12.00.21	Form	990	(2021)						

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A) Name and title	(B) Average	(do	(C) Position (do not check more than of box, unless person is both) than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offic				is bot or/trus		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MOSSBERGER, CAROLYN	60.00			.,				04.066	0	T 056
EXECUTIVE DIRECTOR (2) INGOLD, JIM	5.00			Х				84,866.	0.	7,256
PRESIDENT	5.00	x		x				0.	0.	0
(3) MCMILLIN, SCOTT	2.00	21		21				- 0.	0.	
VICE PRESIDENT		х		х				0.	0.	0
(4) AMBLER, CHRISTIAN SECRETARY	4.00	х		х				0.	0.	0
(5) KOPERA, KERRY TREASURER	6.00	х						0.	0.	0
(6) AUDETTE, JESSICA DIRECTOR	2.00	х						0.	0.	0
(7) ATTWELL, COLLEEN DIRECTOR	2.00	х						0.	0.	0
(8) BAHLMANN, JENNIFER DIRECTOR	2.00	х						0.	0.	0
(9) KOCH, BOB DIRECTOR	2.00	х						0.	0.	0
(10) CLOONAN, RUTH DIRECTOR	2.00	х						0.	0.	0
(11) EDMONSON, DR. LYN DIRECTOR	2.00	х						0.	0.	0
(12) MOTUELLE, MARK DIRECTOR	2.00	х						0.	0.	0
(13) WASIELEWSKI, BRIAN DIRECTOR	2.00	x						0.	0.	0

Form 990 (2021)

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	am	(F) timate nount	
	(list any hours for related organizations below	tee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	othe compens from the organiza and rela organiza		e ion ed
	line)	ş	fustil	Officer	Key e	High	Form					
3		_		_	_					_		
4		-								-		
				_			_					
		\vdash	-	-						_		
								0.4.066				
1b Subtotal c Total from continuation sheets to Part V								84,866.	0.		7,2	0.
d Total (add lines 1b and 1c)								84,866.	0.		7,2	
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	,000 of reportable	-		
compensation from the organization											Yes	No No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	loye	e, or	hig	hest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for s								hay a see a section from	the evention	3		X
4 For any individual listed on line 1a, is the standard related organizations greater than \$15										4		Х
5 Did any person listed on line 1a receive or	accrue comper	nsati	ion f	rom	any	unr	elat	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch j	pers	son .				5		X
Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of compens	sation f	rom	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith	or w	ithir		/ear.			
(A) Name and business	address	NO	NE	C				(B) Description of s	ervices ((C Comper		n
							\dashv					
					_	_	\dashv					
							4					
2 Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	sted	d above) who received m	ore than			
\$100,000 of compensation from the organi	zation 🕨)					200	
										Form 9	99U (2	2021)

WEST SUBURBAN HUMANE SOCIETY 23-7355420 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 96,728. c Fundraising events 1c d Related organizations 1d 110,205. Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above ... 666,779. 84,226. g Noncash contributions included in lines 1a-1f 1g \$ 873,712. Total. Add lines 1a-1f **Business Code** 2 a ADOPTION FEES 900099 78,123. 78,123. Program Service Revenue HUMANE EDUCATION 900099 15,682. 15,682. All other program service revenue 93,805. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 25,065. 25,065. Income from investment of tax-exempt bond proceeds Royalties 5 (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 96,728. of contributions reported on line 1c). See 28,659 Part IV, line 18 b Less: direct expenses 28,659. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b b Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue d All other revenue

132009 12-09-21

0.

992,582.

e Total. Add lines 11a-11d

Total revenue. See instructions

93,805.

Form 990 (2021) WEST SUBURBAN HUMANE SOCIETY 23

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 respon	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	02 122	16 061	10 424	27 627
_	trustees, and key employees	92,122.	46,061.	18,424.	27,637
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	277,378.	193,209.	50.	0/ 110
7	Other salaries and wages	411,310.	193,209.	50.	84,119.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	3,502.	3,502.		
9	Other employee benefits	28,758.	18,708.	1,351.	8,699
10	Payroll taxes	20,730.	10,700.	1,331.	0,033.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	14,500.		14,500.	
	Accounting	14,500.		14,500.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e		4,835.		4,835.	
f	Other. (If line 11g amount exceeds 10% of line 25,	4,000.		4,033.	
g	column (A), amount, list line 11g expenses on Sch 0.)				
40	, i				
12 13	Advertising and promotion	3,501.	2,277.	165.	1,059.
13 14	Office expenses	3,3011	2,211.	103.	1,039.
14 15	Information technology				
15 16	Royalties	62,921.	60,738.	294.	1,889.
17	Occupancy Travel	02/5221	00,750.	271.	1,003
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	t-tt				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	131,100.	131,100.		
23	Insurance	26,269.	2,797.	22,205.	1,267.
24	Other expenses, Itemize expenses not covered				
•	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule (),				
а	VETERINARY CARE	160,691.	160,691.		
b	MEDICAL SUPPLIES	63,277.	63,277.		
c	ANIMAL SUPPLIES	59,604.	59,604.		
d	FOOD	54,959.	54,959.		
	All other expenses SEE SCH O	114,937.	84,759.	4,507.	25,671.
25	Total functional expenses. Add lines 1 through 24e	1,098,354.	881,682.	66,331.	150,341.
26	Joint costs. Complete this line only if the organization		,	,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 280,817. 195,394. Cash · non-interest-bearing 1 1 Savings and temporary cash investments 2 2 6,075. 34,973. Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 7,172. 6,969. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 4,480,779. basis. Complete Part VI of Schedule D 10a 197,522. 4,411,663. 4,283,257. Less: accumulated depreciation 10b 10c 262,086. 254,511. Investments - publicly traded securities 11 11 420,526. Investments - other securities. See Part IV, line 11 380,621. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 500. 19,076. 15 Other assets. See Part IV, line 11 15 5,367,510. 5,196,130. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 82,902. 37,092. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 55,103. Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 37,092. 138,005. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 5,224,907. 5,159,038. Net assets without donor restrictions 27 4,598. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 L and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31

5,196,130. Form 990 (2021)

5,159,038.

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

5,229,505.

5,367,510.

32

33

	990 (2021) WEST SUBURBAN HUMANE SOCIETY	23-735	5420	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			82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,098		
3	Revenue less expenses. Subtract line 2 from line 1	3	-105		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,229		
5	Net unrealized gains (losses) on investments	5	35	5,3	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	5,159	9,0	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	The state of the s		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			- 0	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990	(2021)