#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

Α	For the	2010 calendar year, or tax year beginning	and e	ending		•
_	Check if	C Name of organization			D Employer identific	cation number
	applicable					
	Address change	MICHIGAN HUMANE SOCIETY	Z			
	Name change	Doing Business As			38-1	358206
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number	 r
	Termin- ated	· ·		220		283-1000
	Amende	City or town, state or country, and ZIP + 4	<u> </u>		G Gross receipts \$	22,915,932.
	Applica tion		25-4507		H(a) Is this a group re	eturn
	pending		MORGAN		for affiliates?	Yes X No
		SAME AS C ABOVE			H(b) Are all affiliates inc	
T	Tax-exe	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)
		WWW.MICHIGANHUMANE.ORG	, , , , , , , , , , , , , , , , , , , ,		H(c) Group exemptio	
_			ociation Other	L Year		A State of legal domicile: MI
P	art I	Summary		<u> </u>	•	· ·
_	1 E	Briefly describe the organization's mission or most	significant activities: TO EN	ID COM	PANION ANIM	AL
Activities & Governance	I	HOMELESSNESS, TO PROVIDE !	THE HIGHEST QUAL	ITY S	ERVICE AND	COMPASSION
rna	2 0	Check this box  if the organization discor	tinued its operations or dispos	ed of more	than 25% of its net as	ssets.
o Ve	3 1	Number of voting members of the governing body (			] з	17
Ğ	4 1	Number of independent voting members of the gov				17
8	5 T	otal number of individuals employed in calendar y				273
itie	6 7	otal number of volunteers (estimate if necessary)				1356
çţ	7a⊺	otal unrelated business revenue from Part VIII, col				7,001.
⋖	b	Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
a	8 (	Contributions and grants (Part VIII, line 1h)			5,970,506.	8,264,334.
Revenue	9 F				5,798,054.	5,860,777.
eve	10 li	nvestment income (Part VIII, column (A), lines 3, 4,			595,255.	721,885.
<b>~</b>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			25,867.	3,929.
		otal revenue - add lines 8 through 11 (must equal			12,389,682.	14,850,925.
		Grants and similar amounts paid (Part IX, column (			0.	0.
		Benefits paid to or for members (Part IX, column (A			0.	0.
S	l	Salaries, other compensation, employee benefits (F			8,053,340.	8,324,884.
Expenses	16a F				5,100.	0.
χ	<u>-</u>   ьт	Professional fundraising fees (Part IX, column (A), li Total fundraising expenses (Part IX, column (D), line	$_{(25)} \triangleright 1,765,02$	27.		
Ш	i <b>17</b> (	Other expenses (Part IX, column (A), lines 11a-11d,			5,166,334.	5,495,191.
		otal expenses. Add lines 13-17 (must equal Part I)			13,224,774.	13,820,075.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line	l2		-835,092.	1,030,850.
Net Assets or					ginning of Current Year	End of Year
Sets	ਰੂ 20 ⊺	otal assets (Part X, line 16)			25,863,049.	27,249,533.
t As	<u>-</u> 21 ⊺	otal liabilities (Part X, line 26)			4,274,329.	4,135,866.
		let assets or fund balances. Subtract line 21 from	line 20		21,588,720.	23,113,667.
_	art II	Signature Block				
	-	ties of perjury, I declare that I have examined this return,				y knowledge and belief, it is
tru	e, correct	, and complete. Declaration of preparer (other than office	) is based on all information of whi	ch preparer	has any knowledge.	
		Signature of officer			Doto	
Sig	gn	Signature of officer			Date	
He	ere	DAVID GREGORY, CFO				
		Type or print name and title			loto loto	I DTIN
_		Print/Type preparer's name	Preparer's signature	ال	Oate Check Lif	PTIN
Pa		DI ANTE A MARCH	NT T C		self-employe	ed
	-	· · · · · · · · · · · · · · · · · · ·	PLLC		Firm's EIN	
Us	e Only	Firm's address P.O. BOX 307	2027 0207			040\250 0500
_		SOUTHFIELD, MI 48			Phone no. (	248)352-2500
Ma	ay the IR	S discuss this return with the preparer shown abo	ve? (see instructions)			X Yes No

Check if Schedule O contains a response to any question in the Part III  Birdly describe the organization's mission:  TO END COMPANION ANIMAL HOMELESSNESS, TO PROVIDE THE HIGHEST QUALITY SERVICE AND COMPASION TO THE ANIMALS ENTRUSTED TO OUR CARE, AND TO BE A LEADER IN PROMOTING HUMANE VALUES.  Did the organization undertake any significant program services during the year which were not listed on the prior Form \$80 or 980-E27  If 'Yes,' Georgic the liese new services on Schedule O.  Did the organization ceases conducting, or make significant changes in how it conducts, any program services by expenses.  Section 5016(e)99 purpose achievements for each of the organization's three largest program services by expenses.  Section 5016(e)99 purpose achievements for each of the organization's three largest program services by expenses.  Section 5016(e)99 and 5016(e)49 (organizations and section 4947(e)1) musts are required to report the amount of grants and adocations to others, the total expenses, and revenue, if any, for each program service reported.  Code: 10.25 (2.47 ANIMALS IN 2010. 7.046 ANIMALS WERE ADDPTED INTO PERMANENT HOMES. IN ADDITION TO ADOPTIONS. THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  10.00 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  10.00 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  10.00 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL  THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS.  PERFORMED 10, 684 SPAY AND NEUVERS SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL  NEEDS OF 62, 192 ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL  FERFORMED 10, 684 SPAY AND NEUVERS SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNE	Pa	rt III   Statement of Program Service Accomplishments
1 Birely describe the organization's mission: TO END COMPANION ANIMAL HOMELESSNESS, TO PROVIDE THE HIGHEST QUALITY SERVICE AND COMPASSION TO THE ANIMALS ENTRUSTED TO OUR CARE, AND TO BE A LEADER IN PROMOTING HUMANE VALUES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior from 980 or 980-627  If "Yes," describe these new services on Schedule O.  2 Did the organization case conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  3 Did the organization case conducting, or make significant changes in how it conducts, any program services by expenses.  Section 901(c)(5) and 901(c)(4) organizations and section 4947(a)(4) flusts are required to report the amount of grants and  allocations to there, the fold sepneses, and rewent, flant, for each program service reported.  40 (Code:  3 (Expenses \$ 3,696,054 including grants of \$ 1,000 program services by expenses.  Section 901(c)(5) and 901(c)(4) organizations and section 4947(a)(4) flusts are required to report the amount of grants and  allocations to other, the fold sepneses, and rewent, flant, for each program service reported.  40 (Code:  3 (Expenses \$ 3,696,054 including grants of \$ 1,000 program services by expenses.  80 (Expenses \$ 3,696,054 including grants of \$ 1,000 program services by expenses.  81 (Expenses \$ 3,696,054 including grants of \$ 1,000 program services by expenses.  82 (Expenses \$ 1,000 program services) flowers \$ 1,261,500 program services by expenses.  82 (Code:  9 (Expenses \$ 1,000 program services by expenses.  9 (Expenses \$ 1,000 program services) flowers \$ 1,261,500 program services by expenses.  8 (Expense \$ 1,000 program services) flowers \$ 1,261,500 program services by expenses.  9 (Expense \$ 1,000 program services by expenses.  10 (Expense \$ 1,000		Check if Schedule O contains a response to any question in this Part III
SERVICE AND COMPASSION TO THE ANIMALS ENTRUSTED TO OUR CARE, AND TO BE A LEADER IN PROMOTING HUMANE VALUES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  11 'Yes,' describe these new services on Schedule O.  2 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  12 No If 'Yes,' describe these new services on Schedule O.  2 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  14 (Secrible these changes on Schedule O.)  15 Personal School (16)(3) and 501(c)(4) organizations and section 4947(a)(1) musts are required to report the amount of grants and allocations to others, the total expenses, and reach program service reported.  4a (Code:  16 (Code:  16 (Sepanses 3 3, 696, 054) including grants of \$  17 THE MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE TREATMENT TO 28, 647 ANIMALS IN 2010.  17 THE MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE TREATMENT TO 28, 647 ANIMALS IN 2010.  18 (Sepanses 3 3, 696, 054) including grants of \$  18 THE MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE SOCIETY WAS ABLE TO REINITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. In 2010 THE MICHIGAN HUMANE SOCIETY ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. In 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code:  16 (Sepanses 5 5,040,989. including grants of \$  17 (Revenue 8 4,408,515.)  17 (Revenue 8 4,408,515.)  18 (Ferenue 8 4,408,515.)  18 (Ferenue 8 4,408,515.)  19 (Ferenue 8 4,408,515.)  19 (Ferenue 8 4,408,515.)  19 (Ferenue 8 4,408,515.)  10 (Ferenue 8 4,408,515.)  10 (Ferenue 8 4,408,515.)  11 (Ferenue 8 4,408,515.)  11 (Ferenue 8 4,408,515.)  11 (Ferenue 8 4,408,515.)	1	·
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 e 990-E27		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If Yes, "describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4847(a)(1) musts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  Code:  (Spenses \$ 3,696,054, including grants of \$ ) (Revenue \$ 1,261,500, 1) (Rev		SERVICE AND COMPASSION TO THE ANIMALS ENTRUSTED TO OUR CARE, AND TO BE
the prior Form 990 or 990EZ?  If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes   X  No If 'Yes,' describe these charges on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) inusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, If any, for each program service reported.  THE MICHIGAIN HUMANE SOCIETY SHEITERED AND GAVE HUMANE TREATMENT TO 28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADOPTED INTO PERMANENT TO 28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADOPTED INTO PERMANENT HOMES. IN ADDITION TO ADOPTIONS. THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code: )(Expenses \$ 5,040,989. including grants of \$ )(Rievenue \$ 4,408,515. ) THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,644 SPAY AND NETTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO APPORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Rievenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 THE ATTENDED TO A 7,741 WERE KEPT		A LEADER IN PROMOTING HUMANE VALUES.
the prior Form 990 or 990EZ?  If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes   X  No If 'Yes,' describe these charges on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) inusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, If any, for each program service reported.  THE MICHIGAIN HUMANE SOCIETY SHEITERED AND GAVE HUMANE TREATMENT TO 28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADOPTED INTO PERMANENT TO 28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADOPTED INTO PERMANENT HOMES. IN ADDITION TO ADOPTIONS. THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code: )(Expenses \$ 5,040,989. including grants of \$ )(Rievenue \$ 4,408,515. ) THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,644 SPAY AND NETTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO APPORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Rievenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 THE ATTENDED TO A 7,741 WERE KEPT		
If "Yes," describe these new services on Schedule O.	2	
Describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) tusts are required to report the amount of grants and allocations to othere, the total expenses, and revenue, if any, for each program service reported.  Differences \$ 3,696,054 · including grants of \$   indevenue   11,261,500 · including grants of \$   indevenue   12,261,500 · indevenue   12,261,500 · including grants of \$   indevenue   12,261,500		
# "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(6)) and 501(6)(4) organizations and section 4947(a)(1) musts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  A (Code: (Code: (Recenses) 3, 696, 054 including grants of \$ (Revenue \$ 1,261,500 .) THE MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE TREATMENT TO 28,647 ANIMALS IN 2010. TY 946 ANIMALS WERE ADOPTED INTO PERMANENT HOMES. IN ADDITION TO ADOPTIONS, THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.   4b (Code: (Revenues) 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TRINGED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SINILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMALS OWNERS WOULD NOT SERVICED FOR ANIMALS THAT WERE MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: (Code: ()(Expenses) 492,364 including grants of \$ (Revenue) 11,318 .) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLIAINTS. THE COMPLIAINTS VARIED FROM ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY BY LAW EMFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PAR		
4 Describe the exempt purpose achievements for each of the organizations three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and evenue, if any, for each program service reported.  4a (Code: )(Expenses \$ 3,695,054. including grants of \$ )(Revenue \$ 1,261,500.)  THE MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE TREATMENT TO 28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADDYTED INTO PERMANENT HOMES. IN ADDITION TO ADDYTHOUS, THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADDYTHON OF ALL HEALTHY ANIMALS AND ADDYTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code: )(Expenses \$ 5,040,989. including grants of \$ )(Revenue \$ 4,408,515.)  THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETETINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROPIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.)  DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE MALICIOUSLY MATMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY TO EXPENSE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW EMPROCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SOCIETY'S CRUELTY	3	
Section 5016(5) and 5016(6) organizations and section 4947(a)(f) flusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  48 (Code: )(Expenses \$ 3,696,054. including grants of \$ )(Revenue \$ 1,261,500.) THE MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE TREATMENT TO 28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADOPTED INTO PERMANENT HOMES. IN ADDITION TO ADOPTIONS, THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 MILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATMENE AND MILD WITH ANIMALS AND ADOPTED OVER 2,000 TREATMENE AND MILD WITH ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL TOTAL THE MICHIGAN HUMANE SOCIETY ACHIEVED 10.0% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATMENE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL TOTAL THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROPIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses 492,364. including grants of 5) (Revenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE MALICIOUSLY MATMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE MAL		
allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code: )(Expenses \$ .696,054. including grants of \$ )(Revenue \$ 1.261,500.)  THE MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE TREATMENT TO  28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADOPTED INTO PERMANENT  HOMES. IN ADDITION TO ADOPTIONS, THE MICHIGAN HUMANE SOCIETY WAS ABLE  TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE  ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE  SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER  2,000 TREATABLE ANIMALS WITH REQUIRED MEDICAL AND/OR BEHAVIORAL  INTERVENTION AND SPECIALIZED CARE.   4b (Code: )(Expenses \$ 5,040,989. including grants of \$ )(Revenue \$ 4,408,515.)  THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS  PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF  ANIMAL HOMBLESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL  NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE  SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY  SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD  SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF  ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL  TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.)  DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT  WERE KEPT WITHOUT FOOD, MATER AND SHELTER TO INVESTIGATIONS OF ANIMALS  THAT WERE MALCIOUSLY MATMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT  WERE KEPT WITHOUT FOOD ANTER AND SHELTER TO INVESTIGATIONS OF ANIMALS  CRUELTY TO ANIMAL COMPLAINTS. THE DEPARTMENT TO THE SOCIETY'S  CRUELTY HOVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY'S  CRUELTY TO	4	
4a (Code: )(Expenses \$ 3,696,054 · including grants of \$ )(Revenue \$ 1,261,500 · )  THE MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE TREATMENT TO 28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADOPTED INTO PERMANENT HOMES. IN ADDITION TO ADOPTIONS, THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code: )(Expenses \$ 5,040,989 · including grants of \$ )(Revenue \$ 4,408,515 · )  THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-FROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses 492,364 · including grants of \$ )(Revenue \$ 11,318 · )  DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO I		
THE MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE TREATMENT TO 28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADOPTED INTO PERMANENT HOMES. IN ADDITION TO ADOPTIONS, THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code: )(Expenses \$ 5,040,989. including grants of \$ )(Revenue \$ 4,408,515.) THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.) THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O) (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)	42	(Code: \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\
28,647 ANIMALS IN 2010. 7,046 ANIMALS WERE ADOPTED INTO PERMANENT HOMES. IN ADDITION TO ADOPTIONS, THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code: )(Expenses \$ 5,040,989. including grants of \$ )(Revenue \$ 4,408,515.)  THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORRS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.)  DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUDET TO THE SOCIETY SOCIETY SOCIETY SOCIETY SOCIETY SOCIETY SOCIETY TO ANIMAL SOCIETY SOCIETY SOCIETY TO ANIMAL SOCIETY SOCIETY TO ANIMAL SOCIETY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O) (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)	Tu	
HOMES. IN ADDITION TO ADOPTIONS, THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  46 (Code: )(Expenses \$ 5,040,989 · including grants of \$ )(Revenue \$ 4,408,515 · ) THE MICHIGAN HUMANE SOCIETY'S THREE CHARLITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTRE SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARLITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364 · including grants of \$ )(Revenue \$ 11,318 · ) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364 · including grants of \$ )(Revenue \$ 11,318 · ) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SELTER TO INVESTIGATIONS OF ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SELTER TO INVESTIGATIONS OF ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SELTER TO INVESTIGATIONS OF ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MEDICAL MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATIONS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY'S CRUELTY INVESTIGATIONS OF ANIMALS. THE DEPARTMENT ALSO PARTICLIPATED IN 2,832 RESCUES DURING THE YEAR.		
TO REUNITE 754 ANIMALS WITH THEIR OWNERS AND RELEASE 73 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code:)(Expenses \$ 5,040,989.including grants of \$)(Revenue \$ 4,408,515) THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code:)(Expenses \$ 492,364 · including grants of \$)(Revenue \$)(Revenue \$		
SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER 2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code: )(Expenses \$ 5,040,989. including grants of \$ )(Revenue \$ 4,408,515.) THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAINED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule C.) (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)		·
2,000 TREATABLE ANIMALS WHICH REQUIRED MEDICAL AND/OR BEHAVIORAL INTERVENTION AND SPECIALIZED CARE.  4b (Code: )(Expenses \$ 5,040,989. including grants of \$ )(Revenue \$ 4,408,515.)  THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.)  DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)		ANIMALS BACK INTO THEIR NATURAL HABITAT. IN 2010 THE MICHIGAN HUMANE
INTERVENTION AND SPECIALIZED CARE.  4b (Code: )(Expenses \$ 5,040,989 · including grants of \$ )(Revenue \$ 4,408,515 · ) THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses 492,364 · including grants of \$ )(Revenue \$ 11,318 · ) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351 · including grants of \$ ) (Revenue \$ 179,444 · )		SOCIETY ACHIEVED 100% ADOPTION OF ALL HEALTHY ANIMALS AND ADOPTED OVER
4b (Code: )(Expenses\$ 5,040,989. including grants of\$ )(Revenue\$ 4,408,515.)  THE MICHIGAN HUMANE SOCIETY'S THREE CHARTYABLE VETERINARY HOSPITALS  PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF  ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL  NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE  SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY  SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD  SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF  ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL  TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses\$ 492,364. including grants of\$ )(Revenue\$ 11,318.)  DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT  WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS  THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S  CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY  BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY  PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO  PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.)  (Expenses\$ 2,201,351. including grants of\$ )(Revenue\$ 179,444.)		
THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)		INTERVENTION AND SPECIALIZED CARE.
THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)		
THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)		
THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)		
THE MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)	415	(Only ) (Figure 6 5 040 989 including more 46 ) (Property 6 4 408 515 )
PERFORMED 10,684 SPAY AND NEUTER SURGERIES TO ADDRESS THE ROOT CAUSE OF ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.)  DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY'S EYLAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.)  (Expenses \$ 2,201,351. including grants of \$ )(Revenue \$ 179,444.)	40	
ANIMAL HOMELESSNESS. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364 including grants of \$ )(Revenue \$ 11,318 .) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW EMPORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351 including grants of \$ ) (Revenue \$ 179,444 .)		
NEEDS OF 62,192 ANIMALS IN 2010, WHICH INCLUDES ALL ANIMALS IN THE SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364 · including grants of \$ )(Revenue \$ 11,318 · ) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351 · including grants of \$ ) (Revenue \$ 179,444 · )		·
SHELTERS AS WELL. THEY WERE ALSO ABLE TO PROVIDE NEEDED VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code:)(Expenses \$ 492,364. including grants of \$)(Revenue \$ 11,318.) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$) (Revenue \$ 179,444.)		
SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364 · including grants of \$ )(Revenue \$ 11,318 · ) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351 · including grants of \$ ) (Revenue \$ 179,444 · )		
ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code:) (Expenses \$ 492,364 · including grants of \$ ) (Revenue \$ 11,318 · ) DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741 CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351 · including grants of \$ ) (Revenue \$ 179,444 · )		SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD
TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.  4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.)  DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		SIMILAR TREATMENT AT FOR-PROFIT ANIMAL HOSPITALS. THE VETERINARY STAFF
4c (Code: )(Expenses \$ 492,364. including grants of \$ )(Revenue \$ 11,318.)  DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT  WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS  THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S  CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY  BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY  PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO  PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.)  (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		ALSO WORKS CLOSELY WITH THE CRUELTY AND RESCUE DEPARTMENT WHEN MEDICAL
DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.
DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		
DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		
DURING 2010, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 4,741  CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)	_	(2)
CRUELTY TO ANIMAL COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)	4C	DIBING 2010 THE CRIEFTY AND RESCUE DEPARTMENT RESPONDED TO 4 741
WERE KEPT WITHOUT FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		<u> </u>
THAT WERE MALICIOUSLY MAIMED OR KILLED. THE MICHIGAN HUMANE SOCIETY'S CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		
CRUELTY INVESTIGATORS ARE ALSO INVOLVED IN CASES BROUGHT TO THE SOCIETY BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		· · · · · · · · · · · · · · · · · · ·
PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		
PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.  4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		BY LAW ENFORCEMENT AGENCIES THAT ARE SEEKING ASSISTANCE IN SUCCESSFULLY
4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		PROSECUTING CASES INVOLVING CRUELTY TO ANIMALS. THE DEPARTMENT ALSO
(Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		PARTICIPATED IN 2,832 RESCUES DURING THE YEAR.
(Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		
(Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		
(Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		
(Expenses \$ 2,201,351. including grants of \$ ) (Revenue \$ 179,444.)		
(Expenses \$ 2,201,331 • including grants or \$ ) (Revenue \$ 173,444 • )  4e Total program service expenses \$ 11,430,758 •	4d	Other program services. (Describe in Schedule O.)
		Total program service expenses 11,430.758.

032002 12-21-10

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ŭ		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
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; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or 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		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		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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		v	
	Schedule D, Parts XI, XII, and XIII	12a	X	
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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,"			
	complete Schedule G, Part III	19	Х	
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	<u> </u>

#### Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			х
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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 25	24a		Х
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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			l
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	^
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	22	
30	and the time of the way and the Cabady to M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If IIVan II annual sta Calendala M. Dant I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del></del>		
<b>0</b> _	Schedule N, Part II	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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 Yes X No			
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		Х
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 in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2010) MICHIGAN HUMANE SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison   Seco		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W26 included in line 1a. Enter o'. If not applicable Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  2b If at least one is reported on line 2a, did the organization field employment tax returns?  2b If was a fine and the property of the organization field employment tax returns?  2c If was a fine and the was a single employment tax returns?  2c If was a fine a fine fine of the organization field employment tax returns?  2c If was a fine a fine fine of the organization field employment tax returns?  2c If was a fine a fine fine organization for the year? If wo, 'provide an explanation in Schedule O  2c If was, 'enter the name of the foreign country. If was a fine a fine fine organization was an interest in, or a signature or other authority over, a financial account or other financial account or control refuned as account or the refuned accounts.  2c If was, 'enter the name of the foreign country. If was a fine fine fine employments for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  2c If was, 'to the organization appray to a prohibited tax shelter transaction at any time during the tax year?  2c If was, 'to line fix or 5b, did the organization file Form 888.17  2c If was, 'to line fix or 5b, did the organization file Form 888.17  2c If was, 'to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  2c If was, 'to the organization have an express organization and property for which it was required to the organization that was provided eductible contributions under section 170(c).  2c If was, 'do the organization include with every solicitation an express statement that such contributions or case, and the organizat						Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o'. If not applicable Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  2b If at least one is reported on line 2a, did the organization field employment tax returns?  2b If was a fine and the property of the organization field employment tax returns?  2c If was a fine and the was a single employment tax returns?  2c If was a fine a fine fine of the organization field employment tax returns?  2c If was a fine a fine fine of the organization field employment tax returns?  2c If was a fine a fine fine organization for the year? If wo, 'provide an explanation in Schedule O  2c If was, 'enter the name of the foreign country. If was a fine a fine fine organization was an interest in, or a signature or other authority over, a financial account or other financial account or control refuned as account or the refuned accounts.  2c If was, 'enter the name of the foreign country. If was a fine fine fine employments for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  2c If was, 'to the organization appray to a prohibited tax shelter transaction at any time during the tax year?  2c If was, 'to line fix or 5b, did the organization file Form 888.17  2c If was, 'to line fix or 5b, did the organization file Form 888.17  2c If was, 'to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  2c If was, 'to the organization have an express organization and property for which it was required to the organization that was provided eductible contributions under section 170(c).  2c If was, 'do the organization include with every solicitation an express statement that such contributions or case, and the organizat	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b IX  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file; (see instructions)  3a IX is shown in the sum of lines 1a and 2a is greater than 250, you may be required to e-file; (see instructions)  3b If 1'ves, 'national discounts' is a form 990. To rith is year? If 'No,' provide an explanation in Schedule O  3b IX is a At any time the name of the foreign country.  4a At any time the name of the foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the name of the foreign country.  5b If 'Yes,' another the name of the foreign country.  5c Was the organization have the organization that it was or is a party to a prohibited tax whether transaction.  5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-17  6b Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible?  6c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-17  6c Did the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible?  6c Did the organization in the dumin or both walue of the goods or services provided?  6d b If 'Yes,' indicate the number of Forms 8282 filed during the year  6d b If 'Yes,' indicate the number of Forms 8282 filed during the year  6d b If 'Yes,' indicate the number of Forms 8282 filed during the year  6d b If the organization enceived a contribution of qualified	b		1b	0			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file, (see instructions)  3a IX    Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file, (see instructions)  3a IX    3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file, (see instructions)  3a IX    Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file, (see instructions)  3a IX    3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		(gambling) winnings to prize winners?			1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a bid the organization have unrelated business gross income of \$1,000 or more dumpt the year?  3b if 17 Yes, "has it filed a Form 990-17 or this year? If "No." provide an explanation in Schedule O  3a At any time during the calendary year, dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, dit the foreign country   №  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c In organization that were not tax deductible?  6c In organization shall may receive deductible contributions under section 170(c).  6d If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes," did the organization neceive apprentil in excess of 35 made party is a contribution and party for goods and services provided to the payor?  7d If Yes," did the organization receive apprentil in excess of 35 made party as contribution and party for goods and services provided to the payor?  7a If If Yes," did the organization receive apprentil in excess of 35 made party as contribution of the source of the such as a contribution of the source of	2a						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to c+fell, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If "Yes," has it filed a Form 990 T for this year? If "No.", provide an explanation in Schedule O  3a At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountl?  4a At any time the manne of the foreign country. ►  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Usd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b L X  5c If "Yes," to line 5a or 5b, did the organization the Form 88861?  6a Does the organization has the very solicitation and explanation and year than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If "Yes," if did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," if did the organization notify the donor of the value of the goods on services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8b If If "Yes," include any organization section and party to goods and services provided to the payor?  7c Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c If If Yes, "Indicate the number of Forms 8282 filed during the year  9c Did the o		filed for the calendar year ending with or within the year covered by this return	2a	273			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes, 'has it filed a Form 990°T for this year? If 'No.' provide an explanation in Schedule O  5b If Yes, 'has it filed a Form 990°T for this year? If 'No.' provide an explanation in Schedule O  5b If Yes, 'thin the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5c If Yes, 'the time the name of the foreign country: ▶  5c instructions for filing requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts.  5c If Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, 'to line 5a or 5b, did the organization file Form 8886 T?  6c If Yes, 'to line 5a or 5b, did the organization file Form 8866 T?  6d Does the organization include with every scilicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes, 'tide the organization include with every scilicitation an express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d If Yes, 'tide the organization include with every scilicitation and express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d If Yes, 'tide the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8d If Yes, 'tide the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8d If Yes, 'tide the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  9d If the organization make any	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the provided of the pr		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)				
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  By the firest the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  By the firest property to a prohibited tax shelter transaction at any time during the tax year?  By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  By Did Yes, 't did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  By Dif Yes, 't did the organization notify the donor of the value of the goods or services provided?  Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  To X to Did the organization notify the donor of the value of the goods or services provided?  To Life Form 8282?  To Did the organization receive any funds, directly or indirectly, to paymeniums on a personal benefit contract?  To X to Did the organization, during the year pay premiums, directly or indirectly, on a personal benefit contract?  To X to Did the organization maintaining donor advised funds and section 598(a)(3) supporting organizations. Did the supporting organization maintaining donor advised funds.  By Deposition or advised fund maintained by a sponsoring organization. In Exercise to the support of the	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
financial account in a foreign country (such as a bank account, securities account, or other financial accounti?  b (if "Yes," enter the name of the foreign country; "  soe instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax sheter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.7?  6a Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible?  6a X  b (if "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a) bid the organization that excess of \$75 made partly as a contribution and partly for goods and services provided to the papor?  7 If Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1084.7  7 If Yes, Sponsoring organization, sufficient flowing the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Yes, If the organization make a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1084.7  7 If the organization make a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1084.7  8 Sponsoring organization maintaining donor advised funds an assention 59(a)(3) supporting organizations. Did	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
b If "Yes," enter the name of the foreign country:   Sa Was the organization aperuments for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization aperuments for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization party to a prohibited tax shelter transaction?  5a Was 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?  Boes 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?  Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization notity the donor of the value of the goods or services provided?  If "Yes," indicate the number of Forms 8282 filed during the year of the Form 8282?  If If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Te X  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  Spensoring organization entailing donor advised funds and section 509(a)3 supporting organizations file a Form 1098-07  Spensoring organizations maintaining donor advised funds and section 509(a)3 supporting organization file a Form 1098-07  Spensoring organizations maintaining donor advised funds and section 509(a)3 supporting organization file a Form 1098-07  Spensoring organization make a distribution to a donor, donor advisor, or relat	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
See instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution or goods and services provided to the payor?  b If "Yes," did the organization ontify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7b If the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Coss income from members or shareholders  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from members or sh		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
Sa X	b	If "Yes," enter the name of the foreign country:					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-T?  6 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?  7 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization review a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  8 Dif "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  13 Did the organization make any taxable distributions under section 4966?  14 Did the organization make any taxable distributions under section 4966?  15 Section 501(c)(7) organizations. Enter:  16 If the organization make any taxable distribution to a donor, donor advisor, or related person?  17 Did the organization make any taxable distributions under section 4966?  18 Section 501(c)(12) organizations. Enter:  19 Did the organization make any taxable distributions under section 4966?  19 Did the organization make any taxable distributions under section 4966?  19 Did the organization make any taxable distributions under section 4966?  19 Did the organization is provided to not any organization filing Fo		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  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?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of 575 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  To EX  If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To EX  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions of a donor, donor advisor, or related person?  9b Did the organization make any taxable distributions of a donor, donor advisor, or related person?  9c Section 501(c)(2) organizations. Enter:  a first section 4947(a)(1) non-exempt charitable trusts. Is the organization file of Form 1041?  15 Section 4947(a)(1) non-exempt charitable t	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
6a Des 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?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  a Did the organization notify the donor of the value of the goods or services provided?  b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Filed during the year  b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organizations in a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. But the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions under section 4966?  9b Did the organization make any taxable distributions under section 4966?  9c Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest receive					5b		Х
6a Des 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?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  a Did the organization notify the donor of the value of the goods or services provided?  b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Filed during the year  b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organizations in a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. But the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions under section 4966?  9b Did the organization make any taxable distributions under section 4966?  9c Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest receive	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
any contributions that were not tax deductible?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  7b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  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?  7							
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," indicate the general payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  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?  7c					6a		Х
7 Organizations that may receive deductible contributions under section 170(c). a 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? 7	b						
7 Organizations that may receive deductible contributions under section 170(c). a 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? 7		were not tax deductible?			6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  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?  7c	7						
to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		
to file Form 8282?  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?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Description 501(c)(7) organizations. Enter:  a 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  10b  11a  12a  13a  14a  14a  15a  15a  15a  17d  X  X  X  X  X  X  X  X  X  X  X  X  X	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
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?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b 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.)  12a Section 501(c)(29) organizations. Enter:  a If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13a Interest the amount of reserves the organization in organization must report on Schedule O.  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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  14a Did the organization incereive any payments for indoor	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Note:  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  10b  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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b  If "Yes," enter the amount of reserves the organization in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  14a Did the organization is required to maintain by the states in which the o		to file Form 8282?			7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Gross receipts, included on Form 990, Part VIII, line 12  10 a Initiation fees and capital contributions included on Part VIII, line 12  11 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 Initiation licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  1 Enter the amount of reserves on hand  1 Did the organization receive a	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a 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  10b Initiation fees and capital contributions. Enter:  a 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.)  11a	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a 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  10b  Section 501(c)(12) organizations. Enter:  a 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.)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13a  14a Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		Х
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a 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  10b  Section 501(c)(12) organizations. Enter:  a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  Ida 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 in Schedule O.	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9  Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9  Section 501(c)(7) organizations. Enter: a 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 10  Section 501(c)(12) organizations. Enter: a 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.) 12  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12  Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13  Section 501(c)(29) (30) (30) (30) (30) (30) (30) (30) (30	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ Discovered by the control of the con$	id the s	upporting			
a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a 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  10b  Section 501(c)(12) organizations. Enter:  a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a 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 in Schedule O.		organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a 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  10b  Section 501(c)(12) organizations. Enter:  a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13a  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	9	Sponsoring organizations maintaining donor advised funds.					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a 11b 11a 11b 11a 11b 11a 11a 11b 11a 11a					9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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 1b Gross income from other sources (Do not net amounts due or paid to other sources against 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 1041? 12b 15 F"Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Is the organization licensed to issue qualified health plans in more than one state? 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 13c 15 Enter the amount of reserves on hand 13c 15 Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	10		ı .				
a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а						
a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,	10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	11	· · · · · · · ·					
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	а		11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 15 16 17 18 18 18 18 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		, , , , , , , , , , , , , , , , , , , ,					
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b				?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		•	12b				
Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b							
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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	•			13a		
organization is licensed to issue qualified health plans 13b 13c 13c 14a 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 in Schedule O 14b							
c Enter the amount of reserves on hand 13c 14a 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 in Schedule O 14b	b						
14a       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 in Schedule O       14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eΟ				(0040)

38-1358206 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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management						
	<u> </u>				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17	7			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			3		_X_	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		_X_	
6	Does the organization have members or stockholders?			6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the				
	governing body?			7a		_X_	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?	)	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	by the following:						
	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 real	ached	at the				
				9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)				
					Yes	No	
	Does the organization have local chapters, branches, or affiliates?			10a		_X_	
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,	10b			
	and branches to ensure their operations are consistent with those of the organization?						
	1a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	• • • • • • • • • • • • • • • • • • • •			12a	X		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	e rise		<sub>v</sub>		
	to conflicts?			12b	X		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If			40-	x		
12	in Schedule O how this is done			12c	X		
13 14	Does the organization have a written whistleblower policy?			14	X		
15	-		danandant	14	21		
13	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		паерепаетт				
_				15a	х		
	Other officers or key employees of the organization			15b	X		
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			100			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a				
- 4	taxable entity during the year?			16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva			.54			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org						
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►MI						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Г (501(	c)(3)s only) available	for			
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict	t of interest policy, a	ınd fina	ıncial		
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	ation:	<u> </u>		
	DAVID GREGORY - 248-283-1000						
	30300 TELEGRAPH ROAD SUITE 220, BINGHAM FARMS, MI	48	025				

032006

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Learning Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l		((		про	104	(D)	(E)	(F)
Name and Title	Average hours per week			Pos	ition	app	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
MS. BETH CORREA										•
CHAIRPERSON		Х		Х				0.	0.	0.
MS. BEVERLY BURNS										•
VICE CHAIRPERSON		Х		Х				0.	0.	0.
MS. DENISE LUTZ										•
SECRETARY		Х		Х				0.	0.	0.
MR. DENNIS HARDER										
TREASURER		Х		Х				0.	0.	0.
MR. DANIEL WIECHEC									_	
ASSISTANT TREASURER		Х		Х				0.	0.	0.
MS. CHERYL LIPPERT									_	_
DIRECTOR		Х						0.	0.	0.
MS. MADGE BERMAN										
DIRECTOR		Х						0.	0.	0.
DR. CHRISTOPHER BROWN									_	_
DIRECTOR		Х						0.	0.	0.
MS. TINA FORD									_	_
DIRECTOR		Х						0.	0.	0.
DR. ROSALIND GRIFFIN										
DIRECTOR		Х						0.	0.	0.
MR. SAM HABERMAN										
DIRECTOR		Х						0.	0.	0.
MS. CHARLENE HANDLEMAN									_	_
DIRECTOR		Х						0.	0.	0.
MR. ROSS LERNER										
DIRECTOR		Х						0.	0.	0.
MS. LEE LIEN										
DIRECTOR		Х						0.	0.	0.
MS. CHERYL PHILLIPS										
DIRECTOR		Х						0.	0.	0.
MR. BRUCE THAL										
DIRECTOR		Х						0.	0.	0.
MR. MARVIN G. TOWNS, JR.										_
DIRECTOR		Х						0.	0.	0.

032007 12-21-10

Form 990 (2010) MICHIGAN									38-1358	206	P	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				<b>C</b> )			(D)	(E)		(F)	
Name and title	Average hours per	(cl	heck	Pos all			oly)	Reportable compensation	Reportable compensation	an	stimate nount	of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org an	other opensation the panization d relation	ation e tion ted
MS. LINDA AXE									•			^
DIRECTOR		Х						0.	0.			0.
MR. DAVID BIALOSKY		x						0.	0.			0
DIRECTOR MS. SAMANTHA DURAKOVIC	_							0.	0.			0.
DIRECTOR		х						0.	0.			0.
MS. PETRA PEPELLASHI												
DIRECTOR		Х						0.	0.			0.
MR. RICK RUFFNER												
DIRECTOR		Х						0.	0.			0.
MR. CALVIN MORGAN									_	_		
PRESIDENT AND CEO	50.00			Х				184,936.	0.	3	1,3	65.
MR. DAVID GREGORY SENIOR VICE PRESIDENT AND CFO	45.00			x				120,684.	0.	1	1,1	74.
MR. DAVID WILLIAMS SENIOR VICE PRESIDENT AND COO	45.00					х		133,138.	0.		1,3	
DR. ROBERT FISHER CHIEF OF VET	45.00					х		131,468.	0.		3,9	
1b Sub-total						▶		570,226.	0.		7,8	
c Total from continuation sheets to Part V								112,023.	0.		0,4	
d Total (add lines 1b and 1c)						<b>&gt;</b>		682,249.	0.	6	8,3	09.
<ul> <li>Total number of individuals (including but compensation from the organization</li> </ul>	not limited to th	ose	liste	ed a	bove	e) wh	no re	eceived more than \$100	,000 in reportable			5
											Yes	No
3 Did the organization list any <b>former</b> office												Х
line 1a? If "Yes," complete Schedule J for										3		
4 For any individual listed on line 1a, is the sand related organizations greater than \$1									me organization	4	Х	
5 Did any person listed on line 1a receive or	•								dual for services			

**Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

and organization.		
(A) Name and business address	(B) Description of services	(C) Compensation
GRIZZARD COMMUNICATIONS PO BOX 543215, ATLANTA, GA 30353	DIRECT MAIL	784,918.
PARTRIDGE ENTERPRISE 4705 INDUSTRIAL DRIVE, CLARK LAKE, MI 48234	ANIMAL CREMATION	164,111.

Total number of independent contractors (including but not limited to those listed above) who received more than

rendered to the organization? If "Yes," complete Schedule J for such person

Form 990 (2010) MICHIGAN	HUMANE	S	C.DC	L E'.	ĽΥ				38-135	8206
Part VII Section A. Officers, Directors, Tru	stees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(6)		Pos		ı app	dv.)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR. SHIRENE CECE-CLEMENTS								110 000	_	
VETERINARIAN	40.00					X		112,023.	0.	10,417
Total to Part VII, Section A, line 1c								112,023.		10,417

Pa	rt VI	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1c 1 , 1d   1tions)	68,851. 036,988.	8,264,334.			
Program Service Revenue	2 a	SHELTER AND CHA	ARITABLE	Business Code		5,860,777.		
Prograi Rev	g	All other program service reve Total. Add lines 2a-2f	enue		5,860,777.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond p	proceeds	602,016.			602,016.
	b	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 8070510.	(ii) Other				
		Gain or (loss)  Net gain or (loss)			119,869.			119,869.
Other Revenue		Gross income from fundraisin including \$1,036,9 contributions reported on line Part IV, line 18	988 • of e 1c). See a	42,222. 55,415.				
0	С	Net income or (loss) from fund Gross income from gaming ad	draising events	<b>&gt;</b>	-13,193.			-13,193.
	b	Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a	40 000	5,556 <b>.</b>			5,556.
		and allowances Less: cost of goods sold						
ł	С	Net income or (loss) from sale			10,566.		6,001.	4,565.
	11 a	Miscellaneous Revenu ADVERTISING REV		Business Code 511120	1,000.		1,000.	
	С							
		All other revenue			1,000.			
	12	• Total. Add lines 11a-11d  Total revenue. See instructions.				5,860,777.	7,001.	718,813.

#### 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) but are not required to complete columns (B), (C), and (D).

	All other organizations must con not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	<u> </u>		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
0	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees	348,159.	278,527.	34,816.	34,816.
6	Compensation not included above, to disqualified	0 20 7 200 1	,	0 2 7 0 2 0 1	,
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,674,234.	6,104,832.	182,914.	386,488.
8	Pension plan contributions (include section 401(k)	,	. ,	,	•
_	and section 403(b) employer contributions)				
9	Other employee benefits	743,673.	685,983.	36,749.	20,941.
10	Payroll taxes	558,818.	491,089.	38,634.	29,095.
11	Fees for services (non-employees):		-	-	<u> </u>
а	Management	112,440.	82,358.	13,769.	16,313.
b	Legal	33,482.	2,036.	26,681.	4,765.
С	Accounting	38,200.		38,200.	
d		30,000.	30,000.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	51,102.		51,102.	
g	Other				
12	Advertising and promotion	94,142.	60,706.	11,115.	22,321.
13	Office expenses	1,218,842.	232,092.	25,616.	961,134.
14	Information technology	29,429.	9,959.	417.	19,053.
15	Royalties				
16	Occupancy	557,902.	436,052.	71,847.	50,003.
17	Travel	151,037.	127,793.	17,300.	5,944.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00.051	0 410	16 250	1 000
19	Conferences, conventions, and meetings	27,051.	9,412.	16,359.	1,280.
20	Interest	115,819.	115,819.		
21	Payments to affiliates	E20 161	E07 1E0	1 570	10 422
22	Depreciation, depletion, and amortization	539,161. 66,447.	527,150. 63,490.	1,579. 1,279.	10,432.
23	Insurance Other expanses Itamize expanses not severed	00,44/.	03,490.	1,4/9.	1,0/0.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0.)  ANIMAL CARE EXPENSE	1,360,296.	1,360,296.		
a h	REPAIRS & MAINTENANCE	278,056.	256,045.	14,937.	7,074.
b	SPECIAL EVENTS & RELATE	266,949.	173,791.	14,0010	93,158.
d	FACILITY EXPENSE	189,730.	188,840.	842.	48.
u e	OTHER EXPENSES	82,535.	47,144.	32,586.	2,805.
_	All other expenses	252,571.	147,344.	7,548.	97,679.
25	Total functional expenses. Add lines 1 through 24f	13,820,075.	11,430,758.	624,290.	1,765,027.
26	Joint costs. Check here  if following SOP	,,,	,, ,, ,, ,	,,	
_0	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation	189,960.	137,597.	0.	52,363.
	1 12-21-10	•	· · · · · · · · · · · · · · · · · · ·	· L	Form <b>990</b> (2010)

032010 12-21-10

Pa	rt X	Balance Sheet			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,951,967.	1	2,844,178.
	2	Savings and temporary cash investments	669,604.	2	1,219,045.
	3	Pledges and grants receivable, net	136,501.	3	43,684.
	4	Accounts receivable, net	218,129.	4	179,746.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
v		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	000 545	7	0.51 0.20
As	8	Inventories for sale or use	202,745.	8	261,030.
	9	Prepaid expenses and deferred charges	161,754.	9	147,544.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,098,030.	7 676 206		7 046 005
		Less: accumulated depreciation 10b 7,151,945.	7,676,286.	10c	7,946,085.
	11	Investments - publicly traded securities	10,020,003.	11	12,575,221.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	2,020,000.	14	2,033,000.
	15	Other assets. See Part IV, line 11	25,863,049.	15 16	27,249,533.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	1,022,673.	17	1,112,897.
	18	Accounts payable and accrued expenses  Grants payable	1702270730	18	1/112/05/1
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
v	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abil		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,251,656.	23	3,022,969.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,274,329.	26	4,135,866.
		Organizations that follow SFAS 117, check here   X  and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	19,132,485.	27	19,801,208.
Bala	28	Temporarily restricted net assets	2,268,735.	28	3,124,959.
<u> </u>	29	Permanently restricted net assets	187,500.	29	187,500.
Ī		Organizations that do not follow SFAS 117, check here   and			
ō		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	21 500 500	32	22 112 667
~	33	Total net assets or fund balances	21,588,720.	33	23,113,667.
	34	Total liabilities and net assets/fund balances	25,863,049.	34	27,249,533.

Pa	rt XI Reconciliation of Net Assets					<del>5 -</del>
	Check if Schedule O contains a response to any question in this Part XI					X
	· /·					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,8	32	0,0	75.
3	Revenue less expenses. Subtract line 2 from line 1	1,030,850			<del>50.</del>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,588,720		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	23,3			97.
6						
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					Щ
			_	_	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 in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
b	Were the organization's financial statements audited by an independent accountant?		1	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		🚅	2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•	it			
	Act and OMB Circular A-133?		<u>L</u>	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
			Fo	rm !	<b>990</b> (	(2010)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MICHIGAN HUMANE SOCIETY

**Employer identification number** 38-1358206

Pa	rt I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See inst	tructions.				
The	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)												
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3				tal service organization			170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital descr	ribed in <b>se</b>	ction 170	(b)(1)(A)(iii	i). Enter th	e hospital	's nam	ne,
		city, and stat	te:										
5		An organizat	ion operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental unit	t describe	d in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).					
7				eives a substantial part					or from the	general pi	ublic desc	ribed	in
			(b)(1)(A)(vi). (Comple										
8				ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X			eives: (1) more than 33			rom contri	butions. m	nembershir	o fees, and	d aross red	ceipts	from
				nctions - subject to certa									
			income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
			509(a)(2). (Complete			,		•	, 0			,	
10				perated exclusively to te	st for publ	ic safetv. S	See <b>sectio</b>	n 509(a)(4	1).				
11		-	-	perated exclusively for the	· ·	-			-	out the p	ourposes o	of one	or
		· ·		ations described in secti					•		•		
				organization and compl		•	, ,,	,	,	, ,			
		а П Туре		<b>7</b> -		e III - Func		tegrated		d 🔲	Type III - C	Other	
е		• •		at the organization is not			•	•	r more disc	gualified p	ersons oth	ner tha	เท
		, ,	•	han one or more publicly		•	•	•		•			
f			-	ten determination from		_				( )( )		. ,. ,	
			rganization, check th					,,					
g		•	•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owina pers	sons?			
3				lirectly controls, either a								Yes	No
				upported organization?							11g(i)	1.00	
				n described in (i) above?									
				person described in (i)							11g(iii)		
h				about the supported or							[5(/		
			<b>3</b>		<b>J</b>	(-)-							
	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did voi	u notify the	(vi) Is	the	(vii) Am	nount o	of
(1)		anization	(11) L111	organization		sted in your		ion in col.	organizátio (i) organizá	n in col. I	` ,	port	''
	0.9.			(described on lines 1-9 above or IRC section	governing document? (i) of your sup		r support?	Ü.S.	?	044	, , ,		
				(see instructions))	Yes	No	Yes	No	Yes	No			
								1					
Tota	ıl												
		Paperwork Re	eduction Act Notice	, see the Instructions f	or				Schedule	e A (Form	990 or 99	0-EZ)	2010

032021 12-21-10

Form 990 or 990-EZ.

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2010 (li	ine 6, column (f) di	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the or	•				•	
	stop here. The organization qualifies as a publicly supported organization					▶□	
b	33 1/3% support test - 2009. If the or						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac-	ts-and-circumstan	ces" test, check t	his box and <b>stop I</b>	<b>here.</b> Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - <b>2009.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2010

032022 12-21-10

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Called year year (or fiscal year heighindle in)   Called year year year year year year year year	Sec	Section A. Public Support							
1. Giffs, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 2. Grass receipts from admissions, merchandlise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-compt purpose 3. Gross receipts from activities that are not an unrelated take or business under section 13° 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf correspond to its behalf correspond to expended on its behalf correspond to expended on its behalf corresponded on this behalf correspond to expended on the submit of the organization without charge of Tax-Indian Standard (Standard on the Standard o	Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
T162139   5704039   8525205   5970506   8291334   36653223	1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,	
2 Gross receipts from admission, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's travesimpt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513  133,385.  83,939.  17,536.  4,565.  239,425.  133,385.  83,939.  17,536.  4,565.  239,425.  133,385.  83,939.  17,536.  4,565.  239,425.  131,550.  131,385.  131,550.  121,24411.  14226654.  11786096.  14156676.  65475347.  78 Amounts included on lines 1.2. and 3 received from disqualified persons of the programmental unit to the organization's benefit of the organization's benefit on disqualified persons of the programmental unit to the organization's benefit on disqualified persons of the programmental unit to the organization without charge of 5,000 or wine amount of the programmental unit to the organization without charge of 5,000 or wine amount of the programmental unit to the organization without charge of 5,000 or wine amount of the programmental unit to the programmental unit to the programment of 1,000 or wine amount of 1		membership fees received. (Do not							
2 Gross receipts from admission, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of the performance of the perform		include any "unusual grants.")	7162139.	6704039.	8525205.	5970506.	8291334.	36653223.	
Section B.   Total Support   Section B.	2								
any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 13 133,385. 83,939. 17,536. 4,565. 239,425. 133,385. 83,939. 17,536. 4,565. 239,425. 133,385. 83,939. 17,536. 4,565. 239,425. 133,385. 83,939. 17,536. 4,565. 239,425. 133,385. 83,939. 17,536. 4,565. 239,425. 134,045. 13		merchandise sold or services per-							
Section B. Total Support departing in before the research of sources from the service of source from s									
3 Gross receipts from activates that are not an unrelated trade or business under section 513  133,385.  83,939.  17,536.  4,565.  239,425.  131,530.  133,385.  83,939.  17,536.  4,565.  239,425.  240,4156676.65475347.  240,4156676.65475347.  240,4156676.65475347.  240,415676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.65475347.  240,416676.6			5815986.	5490372.	5617510.	5798054.	5860777.	28582699.	
are not an unrelated trade or business under section 513	3								
133,385   83,939   17,536   4,565   239,425	Ū	· ·							
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total, Add lines 1 through 5.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included in lines 2 and a received from disqualified persons by Amounts included in lines 2 and a received from disqualified persons and secretic form of the disqualified persons and the following of the form of the disqualified persons and secretic form of the disqualified persons and secretic form of the disqualified persons and the following of			133,385.		83,939.	17.536.	4.565.	239.425.	
Section   Senerit and either paid to or expended on its behalf	4								
or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Announts included on lines 1, 2, and 3 received from disqualified persons b Announts included on lines 1, 2, and 3 received from disqualified persons that exceed the great of \$5,000 or 15 of the amount on line 13 to the year  5 Add lines 7 and 7 b 6 Public support Spatialist (stomales)  8 Public support spatialist (stomales)  9 Announts from line 6 10 and Gross income from increst, dividends, payments received on securities learn, and 10 b 9 Announts from line 6 10 all come from increst, dividends, payments received on securities learn, and 10 b 1 Unraladed business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975  c Add lines 10 and 10 b 1 Not income from include gain or loss from the sale of capital assest (Explain in Part IV) 13 Total support funds lines, 10, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 17 Investment income percentage for 2010 (line 10, column (f) divided by line 13, column (f)) 18 1 Total support percentage for 2010 (line 10, column (f) divided by line 13, column (f)) 19 13 10 14 support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 19 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 19 17 18 13 3 1/3% support percentage for 2010 (line 10c, column (f) divided by line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 13 1/3% support tests - 2009. If the organization of not check he box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	•	· ·							
The value of services or facilities turnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received to more than disqualified persons b Amounts included on lines 2 and 3 received to more than disqualified persons b Amounts included on lines 2 and 3 received to more than 3 1 17%, or the amount on line disqualified persons that exceed the greater of \$5,000 or 1½ of the amount on line 13 to the year control in 15 to 15		·							
turnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons c Add lines 7a and 7b 8 Public support (singularity 7 tennilles) 9 Amounts from line (singularity 7 tennilles) 1 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 9 Amounts from line 6 1 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 9 Amounts from line rest, organization from from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 90, 1975 c Add lines 10a and 10b 1 Net income from interest, organization from the selection of the due on the control of the similar sources and income from interest, organization or loss from the sale of capital assest (Explain in Part IV), whether or not the business sacquired after June 90, 1975 c Add lines 10a and 10b 1 Net income from unrelated business sacquired after June 90, 1975 c Add lines 10a and 10b 1 Net income. Do not included gain or loss from the sale of capital assest (Explain in Part IV) and 12 13 14411. 14226654. 14765693. 67892186. 1 First five years. If the Form 900 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  8 Evolic support percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	5								
6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 1 that sexceef the greater of \$5,000 and a received from other than disqualified persons that exceef the greater of \$5,000 and a received from the state of the year can depth of \$5,000 and a received from the state of the year can depth of \$5,000 and the year can depth of \$5,000 and a received from the state of the year can depth of \$5,000 and the year can	3								
Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2, and a received from other than the disqualified persons b Amounts included on lines 2 and a received from other than the disqualified persons b Amounts included on lines 2 and a received from other than the disqualified persons that exceed the greater of \$5.000 or 1% of the smourt on lines 2 and a received from other than the disqualified persons that exceed the greater of \$5.000 or 1% of the smourt on lines 2 and a received from the than the subject to 1 the year and 7 b  8 Public support (signatina /z tensins)  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalfies and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business income 1 the business income from the sale of capital assets (Explain in Part IV.)  10 Total income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Net income from the sale of capital assets (Explain in Part IV.)  12 Other income. Do not included gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage for 2010 (line 10, column (f) divided by line 13, column (f))  17 Investment income percentage for 2010 (line 10, column (f) divided by line 13, column (f))  18 Note that 1 the form the 31/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported o									
7a Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included in lines 2 and 3 received from disqualified persons but Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the grater of 5,000 or 1% of the amount on line 13 or the year core of 5,000 or 1% of the amount on line 13 or the year of 5,000 or 1% of the amount on line 13 or the year of 5,000 or 1% of the amount on line 13 or the year of 5,000 or 1% of the amount on line 13 or the year of 5,000 or 1% of 10 or 1% or 1% of 1% or 1% or 1% of 1% or			13111510	1219//11	1/22665/	11786096	1/156676	65475347	
3 received from disqualified persons b Amounts included on lines 2 and 3 received to make the intense 2 and 3 received to receive the greater of \$5,000 or 1% of the second to lines 2 and 3 received to receive the greater of \$5,000 or 1% of the second to lines 2 and 3 received to receive the greater of \$5,000 or 1% of the second to line 3 to 1 to 1 to 1 to 1 to 10		J	13111310.	<u> </u>	14220034.	11700070.	14130070.	03473347.	
b Amounts included on lines 2 and 3 received som other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b  c Add lines 7a and 7b  b Apublic support (splingt lar /z (tran las /z)  8 Public support (or (fiscal year beginning in) ►  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources  b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  2 Other income, Do not included gain or loss from the sale of capital assests (Explain in Part II N)  13 Total support (accome, Do not include gain or loss from the sale of capital assests (Explain in Part II N)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage  17 Investment income percentage from 2009 Schedule A, Part III, line 15  83 13/3% support tests - 2010. If the organization id not check the box on line 14 or, line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 31 33 13/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 31 33 13/3% support tests - 2010. If the organization did not check abox on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 31 13/3 support tests - 2010. If the organization of lot or check	/a		315 728	470 1 <i>4</i> 7	33/ 780	98 081	78 /37	1207173	
to other than disqualified persons that exceed the greater of \$5.000 or "9" of	h	· ·	313,720.	4/0,14/•	334,700.	30,001.	70,437.	129/1/3	
amount on line 13 for the year  c Add lines 7a and 7b  359,939. 1613996. 602,051. 1494454. 549,060. 4619500.  8 Public support (subside the X-ton line 8)  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  9 Amounts from line 6  13111510. 12194411. 14226654. 11786096. 14156676. 65475347.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalies and income from similar sources  434,588. 483,358. 449,598. 437,914. 602,016. 2407474.  11 Net income from unrelated businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated businesses activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  13 Total support (wallow line 9, 10c. 11, and 12).  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage  15 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 3 31/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 33 31/3% support tests - 2010. If the organization did not check the box on line 14, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 31 31/3% support tests - 2010. If the organization did not check the box on line 14 or line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization	b								
C Add lines 7a and 7b   675 , 667   2084143   936 , 831   1592535   627 , 497   5916673   Section B. Total Support   Section B. Section			350 030	1613006	602 051	1404454	540 N6N	4610500	
8 Public support (subtract line /5 trem line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total  9 Amounts from line 6		•							
Section B. Total Support   Calendar year (or fiscal year beginning in)   Part   Anounts from line 6   13111510.12194411.14226654.11786096.14156676.65475347.			0/3,00/.	2084143.	930,031.	1594555.			
Calendar year (or fiscal year beginning in)		=							
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business activities not included in line 10b, whether or not the business activities not included in line 10b, whether or not the business is regularly carried on 2,364 v. 7,001 v. 9,365.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IIV) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 60 16 % 17 3 5 6 6 6 1475347.  18 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 3 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.    X   Data									
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IX)  13 Total support (add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2009 Schedule A, Part III, line 17  18 a 3 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Jan 12 Jan 12 Jan 12 Jan 12 Jan 13 Jan 13 Jan 14 Jan 16 Jan 16 Jan 16 Jan 17 Jan 18 Ja			(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2009 Schedule A, Part III, line 15  16 Public support percentage from 2009 Schedule A, Part III, line 17  19 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			13111210.	12194411.	14220034.	11/86096.	141300/0.	034/334/.	
securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Public Support Percentage  15 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2009 Schedule A, Part III, line 17  18a 31/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	10a								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  2 , 364  7, 001  9, 365.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 Total support Jordal lines 9, 10c., 11, and 12.)  13546098  12677769  14676252  12226374  14765693  67892186.  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		securities loans, rents, royalties	424 500	402 250	440 500	427 014	600 016	0405454	
(less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2, 364 7, 001 9, 365.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  17 3 .55 %  18 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  10 June		***	434,588.	483,358.	449,598.	437,914.	602,016.	240/4/4.	
acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2009 Schedule A, Part III, line 17  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Add (ines 10a and 10b  10 Add (ines 10c, 016. 2407474.  11 Add (ines 10c, 016. 2407474.  12 Add (ines 10c, 016. 2407474.  13 Add (ines 10c, 016. 2407474.  14 Add (ines 10c, 016. 2407474.  15 Add (ines 10c, 016. 2407474.  16 Add (ines 10c, 016. 2407474.  17 Add (ines 10c, 016. 2407474.  18 Add (ines 10c, 016. 2407474.  18 Add (ines 10c, 016. 2407474.  19 Add (ines 10c, 016. 2407474.  14 Add (ines 10c, 016. 2407474.  15 Add (ines 10c, 016. 2407474.  16 Add (ines 10c, 016. 2407474.  17 Add (ines 10c, 016. 2407474.  18 Add (ines 10c, 016. 2407474.  19 Add (ines 10c, 016. 2407474.  10 Add (ines 10c, 016. 2407474.  10 Add (ines 10c, 016. 2407474.  14 Add (ines 10c, 016. 2407474.  15 Add (ines 10c, 016. 2407474.  16 Add (ines 10c, 016. 24074.  16 Add (ines 10c, 016. 24074.  17 Add (ines 10c, 016. 24074.  18 Add (ines 10c, 016. 24074.  19 Add (ines 10c, 016.	b								
c Add lines 10a and 10b 434,588 483,358 449,598 437,914 602,016 2407474 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 2,364 7,001 9,365 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 13546098 12677769 14676252 12226374 14765693 67892186 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 87.73 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 60.16 % Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2009 Schedule A, Part III, line 17 18 3.55 % 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 3.00 % 19 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		· ·							
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		acquired after June 30, 1975	101 - 00	100 000					
activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  11 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  12 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			434,588.	483,358.	449,598.	437,914.	602,016.	2407474.	
whether or not the business is regularly carried on	11								
regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 In the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 In the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  15 In the organization qualifies as a publicly supported organization  16 In the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a pu									
or loss from the sale of capital assets (Explain in Part IV.)  13 Total support (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2009 Schedule A, Part III, line 17  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 Investment than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  11 Investment income percentage from 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  12 Investment income percentage from 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						2,364.	7,001.	9,365.	
assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12.)  13546098. 12677769. 14676252. 12226374. 14765693. 67892186.  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	12	•							
13 Total support (Add lines 9, 10c, 11, and 12.) 13546098. 12677769. 14676252. 12226374. 14765693. 67892186.  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))		assets (Evolain in Part IV)							
Check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 3 3 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    Section D. Computation of Investment Income Percentage   15   87 · 73 / 96   16   60 · 16 / 96   96 · 96 / 96   96 · 96 / 96   96 · 96 / 96   96 · 96 / 96   96 · 96 / 96   96 · 96 / 96   96 · 96 / 96   96 · 96 / 96 / 96   96 · 96 / 96 / 96   96 · 96 / 96 / 96   96 · 96 / 96 / 96 / 96 / 96 / 96 / 96 /	13	Total support (Add lines 9, 10c, 11, and 12.)	13546098.	12677769.	14676252.	12226374.	14765693.	67892186.	
Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 3 3 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 3 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 8 7 7 3 %  16 6 0 16 %  17 3 5 5 %  18 3 0 0 %  19 3 3 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 10 10 10 10 10 10 10 10 10 10 10 10 1	14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,	
Section C. Computation of Public Support Percentage  15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2009 Schedule A, Part III, line 15  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 3 3 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  19 3 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 8 7 7 3 %  16 6 0 16 %  17 3 5 5 %  18 3 0 0 %  19 3 3 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 10 10 10 10 10 10 10 10 10 10 10 10 1		check this box and stop here						<b>&gt;</b>	
16 Public support percentage from 2009 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 3 3 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    X	Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    X	15	Public support percentage for 2010 (l	ine 8, column (f) d	ivided by line 13, o	column (f))		15		
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization    Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))    Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided by line 13, column (f))   Investment income percentage for 2010 (line 10c, column (f)) divided	16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	60.16 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	tion D. Computation of Inves	stment Incom	e Percentage					
18 Investment income percentage from 2009 Schedule A, Part III, line 17	17							3.55 %	
19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	18								
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>\( \) b</b> 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							3 1/3%, and line		
b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		TT.							
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	b								
		• •	•			•	·	. —	
	20	· ·			•		•		

032023 12-21-10

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010** 

Name of the organization **Employer identification number** MICHIGAN HUMANE SOCIETY 38-1358206 Organization type (check one): Filers of Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

#### MICHIGAN HUMANE SOCIETY

38-1358206

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

#### MICHIGAN HUMANE SOCIETY

38-1358206

Part II	Noncash Property (see instructions)	•	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK		
2			
		\$ 350,963.	12/20/10
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
000450 10 00	2.40	\$Schedule R /Form S	900 900-F7 or 900-DE\ (2010\
023453 12-23	3-10		990, 990-EZ, or 990-PF) (2010)

Name of organization Employer identification number

art III 💢 🖽	xclusively religious, charitable, etc., ii	ndividual contributions to s	ection 501(c	c)(7), (8), or (10) organizations aggregating
n F	<b>nore than \$1,000 for the year.</b> Complet Part III, enter the total of e <i>xclusively</i> religion	e columns <b>(a)</b> through <b>(e) and</b> ous, charitable, etc., contribu	<b>d</b> the followir tions of	ng line entry. For organizations completing
\$	<b>1,000 or less</b> for the year. (Enter this inf	ormation once. See instruction	ons.) 🕨 \$	
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_ =				
		(e) Transfer o	f aift	
	Transferee's name, address, a			elationship of transferor to transferee
No.	400	( ) ( )		
art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
- -				
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
- -				
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
- -				
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
—		<i>_</i> _		

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

➤ See separate instructions. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		-, · · · · · · · · · · · · · · · · · · ·	, ,
	e of organization	Em	Employer identification number		
		N HUMANE SOCIETY			38-1358206
Pa	rt I-A Complete if the org	ganization is exempt unde	er section 501(c) o	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours			<b>&gt;</b>	\$
Pa	rt I-B Complete if the org	ganization is exempt unde	er section 501(c)(	3).	
1	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization manager	rs under section 4955	<b>&gt;</b>	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	ganization is exempt unde	er section 501(c),	except section 50	1(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt functi	on activities	\$
	Enter the amount of the filing organ				
	exempt function activities			<b></b>	\$
	Total exempt function expenditures				
	line 17b			<b></b>	\$
	Did the filing organization file Form				
	Enter the names, addresses and er				
	made payments. For each organiza	tion listed, enter the amount paid	from the filing organization	ation's funds. Also enter	the amount of political
	contributions received that were pr	• •			rate segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	de information in Part I	V.	
	( <b>a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

LHA

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010					358206 Page 2			
(election under sec								
A Check if the filing organiza	•	• .						
B Check ► ☐ if the filing organiza	tion checked box A	A and "limited control" pro	ovisions apply.	1 , ,				
Limi	ts on Lobbying Ex	penditures		(a) Filing organization's	(b) Affiliated group totals			
(The term "expend	ditures" means an	nounts paid or incurred.	)	totals	totals			
				3,088.				
1a Total lobbying expenditures to influ	40,815.							
<b>b</b> Total lobbying expenditures to influ				43,903.				
<ul><li>c Total lobbying expenditures (add li</li><li>d Other exempt purpose expenditure</li></ul>				13,792,163.				
e Total exempt purpose expenditure				13,836,066.				
f Lobbying nontaxable amount. Ente				841,803.				
If the amount on line 1e, column (a) of		obbying nontaxable am		011,003.				
Not over \$500,000		of the amount on line 1e						
Over \$500,000 but not over \$1,000		,000 plus 15% of the exc						
Over \$1,000,000 but not over \$1,5		,000 plus 10% of the exc						
Over \$1,500,000 but not over \$17.		,000 plus 5% of the exce						
Over \$17,000,000		00,000.	σου στοι φτισου,σου.					
	<b>,</b> ,,,,							
g Grassroots nontaxable amount (er	iter 25% of line 1f)			210,451.				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.				
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.				
j If there is an amount other than ze	ro on either line 1h	or line 1i, did the organiz	ation file Form 4720	_				
reporting section 4911 tax for this	year?				Yes No			
		Averaging Period Under	` '					
		a section 501(h) electio		•				
co		the instructions for line		age 4.)				
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period	T	г			
Calendar year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total			
(or fiscal year beginning in)	(a) 2007	(b) 2006	(6) 2009	(u) 2010	(e) Total			
2a Labbying partayable amount	843,632	844,131.	811,239.	841 803.	3,340,805.			
Lobbying nontaxable amount     b Lobbying ceiling amount	045,057	044,131.	011,233.	041,003.	3,340,003.			
(150% of line 2a, column(e))					5,011,208.			
(10070 of mile Ea, colairm(e))					3,022,2000			
c Total lobbying expenditures	62,97	L. 60,891.	35,547.	43,903.	203,312.			
		, -		,	,			
d Grassroots nontaxable amount	210,908	3. 211,033.	202,810.	210,451.	835,202.			
e Grassroots ceiling amount								
(150% of line 2d, column (e))					1,252,803.			
f Grassroots lobbying expenditures	4,23	5. 2,454.	2,002.	3,088.	11,780.			

Schedule C (Form 990 or 990-EZ) 2010

## Schedule C (Form 990 or 990-EZ) 2010 MICHIGAN HUMANE SOCIETY 38-135820 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(2); ROTUBERT III. A. Francisco de la constant de la co				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."	rt III-A, II	ne 3 is a	nswerea	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Com	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-B.	line 1i. Also	o. complete	this part
	ny additional information.	,		, .	•
	<del>,</del>				

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization MICHIGAN HUMANE SOCIETY

Employer identification number 38-1358206

Par	tΙ	Organizations Maintaining Donor Advised	l Funds or Other Similar Fund	s or A	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(	<b>b)</b> Funds and other accounts
1	Total	number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed fun	nds
	are th	e organization's property, subject to the organization's e	xclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
	imper	missible private benefit?			Yes No
Par	t II	Conservation Easements. Complete if the orga			
1	Purpo	se(s) of conservation easements held by the organizatio	n (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an hi	storical	ly important land area
		Protection of natural habitat	Preservation of a cer	tified hi	istoric structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	onservation easement on the last
	day of	the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total a	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne orgar	nization during the tax
	year 🕽				
4	Numb	er of states where property subject to conservation ease	ement is located >		
5		the organization have a written policy regarding the perio			
		ons, and enforcement of the conservation easements it I			
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above			
		ection 170(h)(4)(B)(ii)?			
9		t XIV, describe how the organization reports conservation			
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the or	ganization's accounting for
Da		rvation easements.	Ant Historical Transcript	Alban	Cimilar Assats
Par	t III	Organizations Maintaining Collections of		otner	Similar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC	,,		•
		cal treasures, or other similar assets held for public exhil		ance of	public service, provide, in Part XIV,
		xt of the footnote to its financial statements that describ			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pi	ublic se	rvice, provide the following amounts
		g to these items:			<b>•</b> •
		evenues included in Form 990, Part VIII, line 1			
_					
2		organization received or held works of art, historical treas		aı gaın,	provide
_		llowing amounts required to be reported under SFAS 11	· ·		•
		nues included in Form 990, Part VIII, line 1			
D	Asset	s included in Form 990, Part X			. • •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, d	or Oth	er Sin	nilar As	sets (cont	inued,	)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	at are a s	significa	int use of	its collectio	n item	าร
	(check all that apply):										
а	Public exhibition	d	$\sqcup \sqcup$ $\sqcup$	oan or exch	hange progra	ams					
b	Scholarly research	е		Other							
С	c Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizati	on's exe	empt pu	ırpose in F	Part XIV.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	torical treas	sures, or oth	er simila	ar asset	s .			_
	to be sold to raise funds rather than to be ma								Yes		No
Par	IV Escrow and Custodial Arran	<b>gements.</b> Comple	te if the	organizatio	n answered	"Yes" to	Form 9	990, Part I	V, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other as	sets no	t includ	ed ,		_	_
	on Form 990, Part X?							[	Yes		∟ No
	If "Yes," explain the arrangement in Part XIV						_				
									Amoun	t	
С	Beginning balance						10				
d	Additions during the year						10	d			
е	Distributions during the year						10	э			
f	Ending balance						<u>1</u>				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					[	Yes		∟ No
_	If "Yes," explain the arrangement in Part XIV.										
Par	Endowment Funds. Complete it		swered "	Yes" to For					_		
		(a) Current year		ior year	(c) Two year	rs back	( <b>d</b> ) Thr	ee years ba	ck (e) Fou	r years	back
1a	Beginning of year balance	187,500.		187,500.							
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	187,500.		187,500.							
2	Provide the estimated percentage of the yea	r end balance held a	s:								
	Board designated or quasi-endowment		_%								
b	Permanent endowment  100.00	%									
		%									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administe	ered for	the orga	anization	1		
	by:									Yes	No
	(i) unrelated organizations										X
	(ii) related organizations								3a(ii)		X
	If "Yes" to 3a(ii), are the related organizations								3b		
	Describe in Part XIV the intended uses of the										
Par											
	Description of investment	(a) Cost or ot basis (investm		(b) Cost basis (			Accumu epreciat		( <b>d</b> ) Boo	k valu	е
12	Land	`	iorit)		8,110.	ue	Piccial	1011	80	8.1	10.
	Buildings		+		6,643.	3.	016	153.	4,05		
	Leasehold improvements				3,859.	- '		897.			62.
	Lease for improvements				- ,		,				
u					6,166.	2.	366.	853.l	1.97	9,3	13.
	Equipment Other			4,34	6,166. 3,252.		366, 747,	853.	1,97 1,09		

Part VII Investments - Other Securities.	See Form 990, Part X, lin	e 12.	( ) ) ( ) ( ) ( )	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	Co	(c) Method of valuat ost or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I) Tatal (Cal (b) must squal Form 000, Part V, sel (B) line 12 )				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related.		10		
Part VIII investments - Program Related.	See Form 990, Part X, III	ne 13.	(c) Method of valuat	ion:
(a) Description of investment type	(b) Book value	Co	ost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, li				
	(a) Description			(b) Book value
(1) INTEREST IN TRUSTS				1,357,000
(2) ESTATE RECEIVABLE				676,000
(3)				
(4)				
(5)				
(6)			<del></del>	
(7)				
(8)			+	
(9) (10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15 )			2,033,000
Part X Other Liabilities. See Form 990, Part				270337000
1. (a) Description of liability	7, 1110 20.	(b) Amount		
(1) Federal income taxes		.,	-	
(2)			-	
(3)			1	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote.	line 25.)	ratements that venorio the	nization's liability for upoprisi	tay nositions under
2. FIN 48 (ASC 740) Pootnote. In Part XIV, provide the text of the lootho	to to the organization 5 illiancial S	natoriento tilat reporto tile orgal	nzanon s naomity for uncertain	i ian positions under

2. FIN 2 032053 12-20-10

	t VI Decemblistics of Change in Not Access from Court	A di t	d Financial C	101000	1330200 Fage
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite		tatemen	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				14,850,925.
2	Total expenses (Form 990, Part IX, column (A), line 25)				13,820,075.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				1,030,850.
4	Net unrealized gains (losses) on investments				467,097.
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				0.000
8	Other (Describe in Part XIV.)		8		27,000.
9	Total adjustments (net). Add lines 4 through 8				494,097.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				1,524,947.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue pe	er Retur	
1	Total revenue, gains, and other support per audited financial statements			1	15,361,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			_	
а	Net unrealized gains on investments	2a	467,09	97.	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	27,00	00.	
е	Add lines 2a through 2d			2e	494,097.
3	Subtract line 2e from line 1			3	14,866,916.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	-15,99	91.	
С	Add lines 4a and 4b			4c	-15,991.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	14,850,925.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses	per Retu	ırn
1	Total expenses and losses per audited financial statements				13,836,066.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	15,99	91.	
	Add lines 2a through 2d			2e	15,991.
3	Subtract line 2e from line 1			3	13,820,075.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	13,820,075.
	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a	and 4: Part IV lin	es 1b and	2h: Part V line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
	RT V, LINE 4: THE MICHIGAN HUMANE SOCIETY U				
	,				
ENI	DOWMENT FUND TO HELP SUPPORT DAILY OPERATION	NS.			
		72120			
РΔΙ	RT XII, LINE 2D AND PART XIII, LINE 2D: CO	OST O	F GOODS S	w alos	ERE
	TATE, BING 2D AND TAKE ATTE, BING 2D. CO	<u> </u>	I GOODD L	OHD W	<u> </u>
TNI	LUDED IN EXPENSES PER THE AUDITED FINANCIA	<b>Т.</b> СП	ΔͲΕΜΕΝͲϤ	प्राप्त म	AVE BEEN
T14.	STORED IN DAILEMENT THE AUDITED PHANCE	<u> </u>		701 II	
TNO	CLUDED WITH REVENUE ON THE 990.				

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

2010

LU IU

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open To Public Inspection

Name of the organization							ntification number
	N HUMANE SOCIETY					38-1358	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "\	es" to	o Form 990, Part IV,	line 1	7. Form 990-EZ	Ifilers are not
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(i) Name and address of individual or entity (fundraiser)  (ii) Activity fundraiser have custody or control of from activity				to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Tatal							
Total     List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	I s or has been notified	L d it is	exempt from re	egistration
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990	)-EZ.		,	Schedule G (Forr	n 990 or 990-EZ) 2010

38-1358206 Page 2 Schedule G (Form 990 or 990-EZ) 2010 MICHIGAN HUMANE SOCIETY Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through MEGA MARCH TELETHON col. (c)) (total number) (event type) (event type) Revenue 323,079. 291,601. 464,530. 1,079,210. 1 Gross receipts 322,579 279,021 1,036,988. 435,388 2 Less: Charitable contributions 500. 12,580. 29,142. 42,222. Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes **Direct Expenses** Rent/facility costs Food and beverages Entertainment 36,844 18,571. 55,415. Other direct expenses 55,415. 10 Direct expense summary. Add lines 4 through 9 in column (d) -13,193. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 48,516. 48,516. Gross revenue 36,431 36,431. 2 Cash prizes Expenses Noncash prizes Direct | 2,191. 2,191. Rent/facility costs 4,338. 4,338. Other direct expenses Yes Yes X No No No 6 Volunteer labor

	7 Direct expense summary. Add lines 2 through 5 in column (d)	( 42	2,960,
	Net gaming income summary. Combine line 1, column d, and line 7	5	5,556.
9	Enter the state(s) in which the organization operates gaming activities: MI		
	a Is the organization licensed to operate gaming activities in each of these states?  of "No," explain:	X Yes	□ No
	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes	X No

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 MICHIGAN HUMANE SOCIETY	38-1358206 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes X No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
<b>b</b> An outside facility	1 11 00 00
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
The little fame and address of the poison who propares the organization organization of same and reson	<b>4</b> 0.
Name ▶ MICHIGAN HUMANE SOCIETY	
Address > 30300 TELEGRAPH ROAD SUITE 220 - BINGHAM FARMS, MI	48025
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
<ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount of gaming revenue retained by the third party ►\$</li> <li>c If "Yes," enter name and address of the third party:</li> </ul>	unt
Name ▶	
Address ▶	
16 Gaming manager information:	
Name ▶ NICOLE SENCZYSZYN	
Gaming manager compensation ▶ \$1,152.	
Description of services provided   OVERSES GAMING ACTIVITIES RELATED TO S	PECIAL EVENTS
-	
-	
Director/officer X Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colulines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf	

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MICHIGAN HUMANE SOCIETY

Employer identification number 38-1358206

Pa	art I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		X
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			,,
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			,,
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	1 9	ı	1

000111

12-21-10

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C)	<b>(D)</b> Nontaxable	<b>(E)</b> Total of columns	<b>(F)</b> Compensation	
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	174,936	10,000.	0.	22,500.	8,865.		0.	
1 MR. CALVIN MORGAN (i		0.	0.	0.	0.	0.	0.	
2 (i								
3 (i								
_4 (i	i)							
(								
5 (i								
6 (i								
6 (i								
8 (i								
(0								
9 (i								
_10 (i								
10 (i								
(0								
13 (i								
14 (i								
14 (i								
15 (i								

Part III   Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
PART I, LINE 1A: THE MICHIGAN HUMANE SOCIETY PAYS MEMBERSHIP DUES FOR
THE CEO TO BELONG TO THE DETROIT ATHLETIC CLUB IN ORDER FOR HIM TO HOLD
MEETINGS WITH KEY INDIVIDUALS AND DONORS. THIS BENEFIT IS NOT INCLUDED AS
TAXABLE COMPENSATION FOR THE CEO.

# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MICHIGAN HUMANE SOCIETY

Employer identification number 38-1358206

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii continot	ilion a	mount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	350,963	350,963.	MARKET VALU	E		
10	Securities - Closely held stock		, ,	,	-			
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							—
13	Qualified conservation contribution -							—
13								
14	Historic structures  Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							—
17	Real estate - Other							—
18	Collectibles							—
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u>	Other ( )							
29	Number of Forms 8283 received by the organize		•					
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	•						
	at least three years from the date of the initial of			•				37
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							77
31	Does the organization have a gift acceptance p					31		_X_
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is cl	necked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (	2010)

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

MICHIGAN HUMANE SOCIETY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Employer identification number 38-1358206

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO THE ANIMALS ENTRUSTED TO OUR CARE, AND TO BE A LEADER IN PROMOTING

HUMANE VALUES.

IN 2010, THE STAFF AND VOLUNTEERS GAVE NUMEROUS EDUCATIONAL TOURS OF

OUR FACILITIES AND CONDUCTED IN-SCHOOL HUMANE EDUCATION PRESENTATIONS

FOR OVER 10,000 STUDENTS IN THE METROPOLITAN DETROIT AREA. IN

ADDITION, THROUGH OUR SPEAKERS BUREAU, ADULT AUDIENCES WERE PROVIDED

LOW-COST VACCINATIONS WERE GIVEN TO 3,055 ANIMALS WHOSE OWNERS DID NOT HAVE THE FINANCIAL ABILITY TO PROVIDE VACCINATIONS FOR THEIR PETS.

EDUCATION ON COMPANION ANIMAL ISSUES INCLUDING OVERPOPULATION, ANIMAL

CRUELTY, ADOPTION, VETERINARY CARE, AND LEGISLATIVE INITIATIVES.

THE MICHIGAN HUMANE SOCIETY IS FORTUNATE TO HAVE 1,356 ACTIVE

VOLUNTEERS ASSISTING IN THE DAY TO DAY OPERATIONS AT THEIR FACILITIES.

VOLUNTEER ROLES RANGE FROM FOSTERING ANIMALS TO DOG WALKING TO HELPING

OUT AT SPECIAL EVENTS. A TOTAL OF 54,539 VOLUNTEER HOURS WERE LOGGED

IN 2010.

THE MICHIGAN HUMANE SOCIETY ADOPTER SUPPORT PROGRAM HAS BEEN PRESENTED

AS A MODEL TO OTHER ANIMAL WELFARE AGENCIES AS WELL AS BEING THE

SUBJECT OF A SCIENTIFIC STUDY PRESENTED IN THE JOURNAL OF THE AMERICAN

VETERINARY ASSOCIATION. DURING 2010, 98% OF ALL ADOPTERS WERE

CONTACTED VIA EMAIL OR TELEPHONE AT ONE WEEK POST-ADOPTION, AN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization **Employer identification number** MICHIGAN HUMANE SOCIETY 38-1358206

INCREASE OF 1% FROM 2009.

THE OFFSITE ADOPTION PROGRAM COMPLETED ITS FIRST FULL YEAR IN 2009. 2010, THE PROGRAM WAS ABLE TO ADD ANOTHER LOCATION WHICH BROUGHT TOTAL ADOPTED ANIMALS AT OFFSITE LOCATIONS TO 1,328 FOR THE YEAR, AN 89% INCREASE OVER 2009.

DURING 2010, THE FOSTER PROGRAM PROVIDED TEMPORARY HOUSING AND CARE FOR 1,877 ANIMALS. THE MAJORITY OF THOSE ANIMALS WERE PLACED IN FOSTER DUE TO UPPER RESPIRATORY INFECTIONS. THE FOSTER PROGRAM HAD 229 VOLUNTEERS AS OF THE END OF 2010.

THE MICHIGAN HUMANE SOCIETY CONTINUED THE FELINE STERILIZATION INITIATIVE TO HELP COMBAT PET OVERPOPULATION. MHS WAS ABLE TO OFFER LOW-COST STERILIZATIONS TO 3,168 IN 2010 THROUGH EVENTS, VOUCHERS AND COLLABORATIONS.

AS IN YEARS PAST, THE MICHIGAN HUMANE SOCIETY HELD ITS ANNUAL MEET YOUR BEST FRIEND AT THE ZOO EVENTS IN THE SPRING AND FALL. THIS IS THE LARGEST OFF-SITE ADOPTION EVENT IN THE COUNTRY AND IS HOSTED BY THE MICHIGAN HUMANE SOCIETY IN COLLABORATION WITH THE DETROIT ZOO. CLOSE TO 700 ANIMALS FROM THE MICHIGAN HUMANE SOCIETY AND OTHER ANIMAL WELFARE ORGANIZATIONS WERE ADOPTED BETWEEN THE TWO EVENTS. EXPENSES \$ 2,201,351. INCLUDING GRANTS OF \$ 0. REVENUE \$ 179,444.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE REVIEW OF THE 990 AND HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY, THE BOARD OF DIRECTORS. EACH COMMITTEE MEMBER RECEIVES

A DRAFT OF THE 990 AND IS ABLE TO PROVIDE FEEDBACK AND CHANGES PRIOR TO THE

Name of the organization MICHIGAN HUMANE SOCIETY Employer identification number 38-1358206

RETURN BEING FINALIZED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE MICHIGAN HUMANE SOCIETY BOARD OF DIRECTORS ANNUALLY SIGNS A CONFLICT OF INTEREST DISCLOSURE FORM AND ALL BOARD MEMBERS ARE EXPECTED TO INFORM THE MICHIGAN HUMANE SOCIETY OF ANY CHANGES THAT ARISE DURING THE YEAR THAT WOULD RESULT IN ANY POTENTIAL CONFLICT OF INTEREST. THE OFFICE OF THE PRESIDENT REVIEWS THE CONFLICT OF INTEREST STATEMENTS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF THE MICHIGAN HUMANE SOCIETY ANNUALLY REVIEWS THE PERFORMANCE OF THE CEO FOR COMPENSATION PURPOSES. DURING THIS REVIEW, THE EXECUTIVE COMMITTEE, WHO ARE ALL INDEPENDENT OF THE MICHIGAN HUMANE SOCIETY, USES COMPARABILITY DATA TO DETERMINE THE COMPENSATION ARRANGEMENT FOR THE FOLLOWING YEAR FOR THE CEO. THIS REVIEW TOOK PLACE IN 2010 AND THE COMPARABILITY DATA USED INCLUDED 2 INDUSTRY SALARY SURVEYS AS WELL AS DATA OBTAINED FROM COMPARATIVE ORGANIZATIONS 990.

THE MICHIGAN HUMANE SOCIETY HAS HAD COMPENSATION STUDIES PERFORMED IN THE PAST TO DETERMINE WAGE RANGES FOR ALL EMPLOYEE LEVELS. THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS DOES NOT SET THE WAGE LEVELS FOR OTHER OFFICERS OR KEY EMPLOYEES, AS THESE ARE SET BY THE CEO. HOWEVER, THE COMPENSATION ARRANGEMENTS ARE SET BASED ON COMPARABILITY DATA AND PREVIOUS COMPENSATION STUDIES AND THE CHAIRPERSON AND TREASURER REVIEW THE SALARIES AFTER THEY'VE BEEN APPROVED BY THE CEO. THE EXECUTIVE COMMITTEE DOES HAVE THE RIGHT TO ADJUST SALARIES FOR OTHER OFFICERS AND KEY EMPLOYEES AFTER THE FACT.

Name of the organization  MICHIGAN HUMANE SOCIETY	Employer identification number 38-1358206
FORM 990, PART VI, SECTION C, LINE 19: THE MICHIGAN HUMAN	E SOCIETY'S
GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC T	HROUGH THE STATE
OF MICHIGAN. COPIES OF THE ARTICLES OF INCORPORATION AND	) BYLAWS ARE
PROVIDED PER GRANT AND DONOR REQUESTS.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	467,097.
CHANGE IN VALUE OF INTEREST IN CHARITABLE TRUSTS	27,000.
TOTAL TO FORM 990, PART XI, LINE 5	494,097.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	