** PUBLIC DISCLOSURE COPY **

Form **990** 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 **2011** Open to Public Inspection

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: MICHIGAN HUMANE SOCIETY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 30300 TELEGRAPH ROAD Room/suite: 220

City or town, state or country, and ZIP + 4: BINGHAM FARMS, MI 48025-4509

F Name and address of principal officer: CAL MORGAN SAME AS C ABOVE

D Employer identification number: 38-1358206

E Telephone number: 248-283-1000

G Gross receipts $ 19,755,212.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( )◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.MICHIGANHUMANE.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ **L** Year of formation: 1925 **M** State of legal domicile: MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO END COMPANION ANIMAL HOMELESSNESS, TO PROVIDE THE HIGHEST QUALITY SERVICE AND COMPASSION

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	278
6	Total number of volunteers (estimate if necessary)	6	2561
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,728.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,933,469.	8,873,951.
	9	Program service revenue (Part VIII, line 2g)	4,681,051.	5,953,641.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	344,292.	723,217.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,693.	11,198.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,957,119.	15,562,007.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,000.	14,840.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,666,355.	9,498,322.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	406,240.	1,084,196.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,724,285.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,971,993.	6,154,209.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,054,588.	16,751,567.
	19	Revenue less expenses. Subtract line 18 from line 12	-97,469.	-1,189,560.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	26,632,364.	23,750,974.
	21	Total liabilities (Part X, line 26)	4,067,282.	1,496,760.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,565,082.	22,254,214.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer: RUPECED Date: 3/15/13

▶ DAVID GREGORY, SENIOR VICE PRESIDENT AND CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
KELLIE L. GOINES	Kellie L. Goines	3/14/13		P00239246

Firm's name ▶ PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951

Firm's address ▶ P.O. BOX 307 SOUTHFIELD, MI 48037-0307 Phone no. 248-352-2500

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly 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 Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,144,053. including grants of $) (Revenue $ 1,322,975.)
DURING FISCAL YEAR ENDED 9/30/2012, MICHIGAN HUMANE SOCIETY SHELTERED AND GAVE HUMANE TREATMENT TO 28,735 ANIMALS. 7,885 ANIMALS WERE ADOPTED INTO PERMANENT HOMES. IN ADDITION TO ADOPTIONS, THE MICHIGAN HUMANE SOCIETY WAS ABLE TO REUNITE 713 ANIMALS WITH THEIR OWNERS AND RELEASE 47 WILDLIFE ANIMALS BACK INTO THEIR NATURAL HABITAT.

4b (Code:) (Expenses $ 4,931,276. including grants of $) (Revenue $ 4,373,578.)
DURING FISCAL YEAR ENDED 9/30/2012, MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY HOSPITALS PERFORMED 11,796 SPAY AND NEUTER SURGERIES TO HELP LIMIT THE EXCESSIVE ANIMAL OVERPOPULATION PROBLEM. THE CHARITABLE HOSPITALS TENDED TO THE MEDICAL NEEDS OF 68,686 ANIMALS, 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 $ 554,026. including grants of $) (Revenue $ 9,390.)
DURING FISCAL YEAR ENDED 9/30/2012, THE CRUELTY AND RESCUE DEPARTMENT RESPONDED TO 5,635 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 4,421 RESCUES DURING THE YEAR.

4d Other program services (Describe in Schedule O.)
(Expenses $ 3,767,441. including grants of $ 14,840.) (Revenue $ 252,638.)

4e **Total program service expenses** ▶ 13,396,796.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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		X
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	X	
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	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	278			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	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)?			4a		X
b	If "Yes," enter 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.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
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?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?			12a		
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?			13a		
	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				
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		

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 [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — 1a: 19. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent — 1b: 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct 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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section 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-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
KRISTINA GLISIC - 248-283-1000
30300 TELEGRAPH ROAD SUITE 220, BINGHAM FARMS, MI 48025

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.
- 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MS. BEVERLY BURNS CHAIRPERSON	5.00	X		X				0.	0.	0.
(2) MS. DENISE LUTZ SECRETARY	2.00	X		X				0.	0.	0.
(3) MR. DENNIS HARDER ASSISTANT TREASURER	2.00	X		X				0.	0.	0.
(4) MR. DANIEL WIECHEC TREASURER	5.00	X		X				0.	0.	0.
(5) MS. MADGE BERMAN DIRECTOR	1.00	X						0.	0.	0.
(6) DR. CHRISTOPHER BROWN, DVM DIRECTOR	1.00	X						0.	0.	0.
(7) MS. JAN ELLIS DIRECTOR	1.00	X						0.	0.	0.
(8) MS. MARIANNE ENDICOTT DIRECTOR	1.00	X						0.	0.	0.
(9) MS. LILLIAN ERDELJAN DIRECTOR	1.00	X						0.	0.	0.
(10) MR. ROSS LERNER DIRECTOR	1.00	X						0.	0.	0.
(11) MS. LAURA HUGHES DIRECTOR	1.00	X						0.	0.	0.
(12) MR. PAUL HUXLEY DIRECTOR	1.00	X						0.	0.	0.
(13) MR. CHARLES METZGER DIRECTOR	1.00	X						0.	0.	0.
(14) MR. MARVIN G. TOWNS, JR. DIRECTOR	1.00	X						0.	0.	0.
(15) MS. LINDA AXE DIRECTOR	1.00	X						0.	0.	0.
(16) MR. BRUCE THAL DIRECTOR	1.00	X						0.	0.	0.
(17) MR. SAM HABERMAN DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) MR. RICK RUFFNER DIRECTOR	1.00	X						0.	0.	0.
(19) MS. BETH CORREA IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(20) MR. DANIEL H. MINKUS DIRECTOR	1.00	X						0.	0.	0.
(21) MR. CALVIN MORGAN PRESIDENT AND CEO	50.00			X				195,415.	0.	35,963.
(22) MR. DAVID GREGORY SENIOR VP AND CFO	45.00			X				134,075.	0.	11,765.
(23) MR. DAVID WILLIAMS SENIOR VP AND COO	45.00			X				140,342.	0.	11,967.
(24) DR. ROBERT FISHER VP VETERINARY MEDICINE	40.00					X		134,722.	0.	3,809.
(25) DR. SHIRENE CECE-CLEMENTS SUPERVISING VETERINARIAN	40.00					X		115,778.	0.	11,971.
(26) MICHAEL ROBBINS VP MARKETING/COMMUNICATIONS	40.00					X		102,048.	0.	10,616.
1b Sub-total ▶								822,380.	0.	86,091.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								822,380.	0.	86,091.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GRIZZARD COMMUNICATIONS PO BOX 543215, ATLANTA, GA 30353	PROFESSIONAL FUNDRAISER	1,147,247.
PARTRIDGE ENTERPRISE 4705 INDUSTRIAL DRIVE, CLARK LAKE, MI 48234	ANIMAL CREMATION	166,401.
WXYZ PO BOX 643405, CINCINNATI, OH 45264	MEDIA/PUBLIC RELATIONS	149,950.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

				(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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,122,167.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,751,784.				
	g Noncash contributions included in lines 1a-1f: $ 186,119.						
	h **Total.** Add lines 1a-1f ▶			8,873,951.			
Program Service Revenue			Business Code				
	2 a SHELTER AND CHARITABLE		900099	5,953,641.	5,953,641.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			5,953,641.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			428,266.			428,266.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
	7 a Gross amount from sales of assets other than inventory	(i) Securities 4414235.	(ii) Other 500.				
	b Less: cost or other basis and sales expenses	4119784.	0.				
	c Gain or (loss)	294,451.	500.				
	d Net gain or (loss) ▶			294,951.			294,951.
	8 a Gross income from fundraising events (not including $ 1,122,167. of contributions reported on line 1c). See Part IV, line 18	a	41,360.				
	b Less: direct expenses	b	50,671.				
	c Net income or (loss) from fundraising events ▶			-9,311.			-9,311.
	9 a Gross income from gaming activities. See Part IV, line 19	a	18,072.				
	b Less: direct expenses	b	13,365.				
	c Net income or (loss) from gaming activities ▶			4,707.			4,707.
	10 a Gross sales of inventory, less returns and allowances	a	21,687.				
	b Less: cost of goods sold	b	9,385.				
	c Net income or (loss) from sales of inventory ▶			12,302.	8,074.	4,228.	
	Miscellaneous Revenue		Business Code				
	11 a OTHER REVENUE		541900	2,000.		2,000.	
	b ADVERTISING REVENUE		511120	1,500.		1,500.	
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			3,500.			
	12 **Total revenue.** See instructions. ▶			15562007.	5,961,715.	7,728.	718,613.

132009 01-23-12

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	14,840.	14,840.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	534,021.	443,748.	52,366.	37,907.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,296,468.	6,735,106.	173,029.	388,333.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	964,776.	894,643.	38,813.	31,320.
10 Payroll taxes	703,057.	627,367.	41,487.	34,203.
11 Fees for services (non-employees):				
a Management	474,687.	89,592.	2,217.	382,878.
b Legal	19,201.	289.	10,876.	8,036.
c Accounting	43,500.		43,500.	
d Lobbying	36,000.	36,000.		
e Professional fundraising services. See Part IV, line 17	1,084,196.			1,084,196.
f Investment management fees	60,951.		60,951.	
g Other				
12 Advertising and promotion	262,994.	251,575.	9,039.	2,380.
13 Office expenses	672,453.	263,248.	26,236.	382,969.
14 Information technology	60,757.	31,220.	2,096.	27,441.
15 Royalties				
16 Occupancy	505,102.	413,661.	51,743.	39,698.
17 Travel	240,055.	210,859.	22,182.	7,014.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,874.	20,613.	17,211.	3,050.
20 Interest	21,533.	21,533.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	575,861.	553,306.	14,697.	7,858.
23 Insurance	56,371.	53,030.	1,138.	2,203.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANIMAL CARE EXPENSE	1,800,309.	1,800,309.		
b REPAIRS & MAINTENANCE	330,740.	297,853.	22,609.	10,278.
c SPECIAL EVENTS & RELATE	327,905.	171,105.		156,800.
d FACILITY EXPENSE	271,140.	270,476.	664.	
e All other expenses	353,776.	196,423.	39,632.	117,721.
25 **Total functional expenses.** Add lines 1 through 24e	16,751,567.	13,396,796.	630,486.	2,724,285.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	190,954.	133,615.	0.	57,339.

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1,778,740.	1	1,717,913.
	2	Savings and temporary cash investments			1,775,631.	2	649,735.
	3	Pledges and grants receivable, net			0.	3	
	4	Accounts receivable, net			168,480.	4	180,070.
	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 employees' beneficiary organizations (see instructions)				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			388,600.	8	313,441.
	9	Prepaid expenses and deferred charges			141,449.	9	177,229.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	16,080,203.			
	b	Less: accumulated depreciation	10b	8,087,524.	7,978,343.	10c	7,992,679.
	11	Investments - publicly traded securities			11,720,908.	11	10,704,701.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,680,213.	15	2,015,206.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			26,632,364.	16	23,750,974.
Liabilities	17	Accounts payable and accrued expenses			1,226,455.	17	1,496,760.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,840,827.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	**Total liabilities.** Add lines 17 through 25			4,067,282.	26	1,496,760.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			18,744,898.	27	18,930,444.
	28	Temporarily restricted net assets			3,632,684.	28	3,136,270.
	29	Permanently restricted net assets			187,500.	29	187,500.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			22,565,082.	33	22,254,214.
	34	Total liabilities and net assets/fund balances			26,632,364.	34	23,750,974.

Form **990** (2011)

132011 01-23-12

Part XI Reconciliation of Net Assets

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	15,562,007.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,751,567.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,189,560.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,565,082.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	878,692.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22,254,214.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2011

Open to Public Inspection

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

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 instructions) 12

13 **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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8525205.	5970506.	8291334.	5933469.	8873951.	37594465.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5617510.	5798054.	5860777.	4681051.	5953641.	27911033.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	83,939.	17,536.	4,565.			106,040.
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	14226654.	11786096.	14156676.	10614520.	14827592.	65611538.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	334,780.	98,081.	78,437.	88,709.	49,745.	649,752.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	334,780.	98,081.	78,437.	88,709.	49,745.	649,752.
8 **Public support** (Subtract line 7c from line 6.)						64961786.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	14226654.	11786096.	14156676.	10614520.	14827592.	65611538.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	449,598.	437,914.	602,016.	387,340.	428,266.	2305134.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	449,598.	437,914.	602,016.	387,340.	428,266.	2305134.
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.	1,857.	13,277.	24,499.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				104,871.	59,432.	164,303.
13 **Total support** (Add lines 9, 10c, 11, and 12.)	14676252.	12226374.	14765693.	11108588.	15328567.	68105474.

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 2011 (line 8, column (f) divided by line 13, column (f))	15	95.38	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	94.58	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	3.38	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	3.61	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVENTS

GAMING ACTIVITIES

SCHEDULE A, PART III

EFFECTIVE JANUARY 1, 2011, MHS CHANGED ITS FISCAL YEAR END FROM DECEMBER 31 TO SEPTEMBER 30. THEREFORE, THE 2010 COLUMN REPRESENTS THE NINE MONTH PERIOD ENDED SEPTEMBER 30, 2011.

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 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

[X] 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.

[ ] 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, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] 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 total 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 religious, charitable, etc., contributions of $5,000 or more during the year. .... ▶ $ ____________

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 Part I, 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).

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 425,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 233,334.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 225,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 202,988.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 244,493.	Person [X] Payroll [ ] Noncash [X] (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). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	PET FOOD AND CAT LITTER	$ 139,493.	09/30/12

(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
		$	

Name of organization

MICHIGAN HUMANE SOCIETY

Employer identification number

38-1358206

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2011**

LHA

132041
01-27-12

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,455.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	47,724.	
c Total lobbying expenditures (add lines 1a and 1b)	49,179.	
d Other exempt purpose expenditures	16,071,902.	
e Total exempt purpose expenditures (add lines 1c and 1d)	16,121,081.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	956,054.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	239,014.	
h Subtract line 1g from line 1a. If zero 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 zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(e)** Total
2a Lobbying nontaxable amount	811,239.	841,803.	679,847.	956,054.	3,288,943.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,933,415.
c Total lobbying expenditures	35,547.	43,903.	35,931.	49,179.	164,560.
d Grassroots nontaxable amount	202,810.	210,451.	169,962.	239,014.	822,237.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,233,356.
f Grassroots lobbying expenditures	2,002.	3,088.	545.	1,455.	7,090.

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e 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?			
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			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	204,166.	212,104.	209,639.	375,374.	
b Contributions					
c Net investment earnings, gains, and losses	39,079.	-7,938.	24,680.	37,744.	
d Grants or scholarships					
e Other expenditures for facilities and programs			22,215.	203,479.	
f Administrative expenses					
g End of year balance	243,245.	204,166.	212,104.	209,639.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ 77.08 %

c Temporarily restricted endowment ▶ 22.92 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		848,268.		848,268.
b Buildings		7,066,643.	3,226,335.	3,840,308.
c Leasehold improvements		56,851.	39,958.	16,893.
d Equipment		4,700,057.	2,786,669.	1,913,388.
e Other		3,408,384.	2,034,562.	1,373,822.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				7,992,679.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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, line 15.

(a) Description	(b) Book value
(1) INTEREST IN TRUSTS	1,074,000.
(2) ESTATE RECEIVABLE	941,206.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	2,015,206.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2\. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,562,007.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,751,567.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,189,560.
4	Net unrealized gains (losses) on investments	4	828,692.
5	Donated services and use of facilities	5	72,000.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-22,000.
9	Total adjustments (net). Add lines 4 through 8	9	878,692.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-310,868.

Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	16,491,754.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	828,692.		
b	Donated services and use of facilities	2b	113,670.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	-22,000.		
e	Add lines **2a** through **2d**			2e	920,362.
3	Subtract line **2e** from line **1**			3	15,571,392.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	-9,385.		
c	Add lines **4a** and **4b**			4c	-9,385.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	15,562,007.

Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	16,802,622.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	41,670.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	9,385.		
e	Add lines **2a** through **2d**			2e	51,055.
3	Subtract line **2e** from line **1**			3	16,751,567.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	16,751,567.

Part XIV | Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE MICHIGAN HUMANE SOCIETY USES THE EARNINGS FROM THE ENDOWMENT FUND TO HELP SUPPORT DAILY OPERATIONS.

PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN

Part XIV Supplemental Information *(continued)*

POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INTEREST IN CHARITABLE TRUSTS -22,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INTEREST IN CHARITABLE TRUSTS -22,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF SALES -9,385.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES 9,385.

PART XII, LINE 2D AND PART XIII, LINE 2D: COST OF GOODS SOLD WERE INCLUDED IN EXPENSES PER THE AUDITED FINANCIAL STATEMENTS BUT HAVE BEEN INCLUDED WITH REVENUE ON THE 990.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047
2011
Open To Public Inspection

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

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
GRIZZARD INC. - 229 PEACHTREE ST, NE SUITE 1400, ATLANTA,	DIRECT MAIL, PROFESSIONAL FEES, PRINTING AND POSTAGE		X	2,692,057.	943,025.	1,451,891.
BIONDOLILLO ASSOCIATES INC. - P.O. BOX 812120, WELLESLEY,	CONSULTING		X	0.	7,765.	-7,765.
KIMBERLY CONSULTING - 117 EAST IROQUOIS, PONTIAC, MI	CONSULTING		X	0.	22,150.	-22,150.
COMMUNITY COUNSELING SERVICE - 175 PACIFIC STREET,	CONSULTING		X	0.	60,177.	-60,177.
DONOR CARE CENTER, INC. - 4535 STRAUSSER STREET, NORTH	CONSULTING		X	0.	56,831.	-56,831.
Total ▶				2,692,057.	1,089,948.	1,304,968.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MI

LHA **Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule G (Form 990 or 990-EZ) 2011**

SEE PART IV FOR CONTINUATIONS

132081 01-23-12

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 col. (c))
		TELETHON	BOW WOW BRUNCH	4	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	328,553.	323,482.	511,492.	1,163,527.
	2 Less: Charitable contributions	328,053.	294,662.	499,452.	1,122,167.
	3 Gross income (line 1 minus line 2)	500.	28,820.	12,040.	41,360.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		38,631.	12,040.	50,671.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(50,671.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-9,311.

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			18,072.	18,072.
Direct Expenses	2 Cash prizes			10,159.	10,159.
	3 Noncash prizes			1,900.	1,900.
	4 Rent/facility costs			1,056.	1,056.
	5 Other direct expenses			250.	250.
	6 Volunteer labor	☐ Yes ___ % ☐ No	☐ Yes ___ % ☐ No	☐ Yes ___ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(13,365.)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				4,707.

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? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ 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 ☒ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b 100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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 ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ NICOLE SENCZYSZYN

Gaming manager compensation ▶ $ 1,665.

Description of services provided ▶ OVERSEES GAMING ACTIVITIES RELATED TO SPECIAL EVENTS

☐ Director/officer ☒ 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 ☒ No

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 ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GRIZZARD INC.

(I) ADDRESS OF FUNDRAISER:

229 PEACHTREE ST, NE SUITE 1400, ATLANTA, GA 30353

(I) NAME OF FUNDRAISER: BIONDOLILLO ASSOCIATES INC.

(I) ADDRESS OF FUNDRAISER: P.O. BOX 812120, WELLESLEY, MA 02482-0013

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: KIMBERLY CONSULTING

(I) ADDRESS OF FUNDRAISER: 117 EAST IROQUOIS, PONTIAC, MI 48341

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE

(I) ADDRESS OF FUNDRAISER: 175 PACIFIC STREET, BROOKLYN, NY 11201

(I) NAME OF FUNDRAISER: DONOR CARE CENTER, INC.

(I) ADDRESS OF FUNDRAISER: 4535 STRAUSSER STREET, NORTH CANTON, OH 44720

SCHEDULE G, PART I, LINE 2B, ROW 1, COLUMN V

THE FUNDRAISER WAS PAID $943,025, WHICH WAS FOR PROFESSIONAL FUNDRAISER SERVICES AND REIMBURSEMENT OF EXPENSES. THE PROFESSIONAL FUNDRAISER SERVICES COULD NOT BE DISTINGUISHED FROM THE OTHER AMOUNTS INCLUDED IN THE $943,025 PAYMENT.

IN ADDITION, THE FUNDRAISER WAS REIMBURSED FOR EXPENSES RELATED TO POSTAGE IN THE AMOUNT $297,141 WHICH ARE REPORTED ON FORM 990, PART IX, LINE 13, COLUMN D.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2011
Open to Public Inspection

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

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN YOUTH APPRECIATION FOUNDATION - 27700 HOOVER ROAD NO 100 - WARREN, MI 48093	38-3335060	501(C)3	2,500.	0.			SPONSORSHIP OF METRO DETROIT YOUTH DAY
HAYES AND FRIENDS INC. 48264 HARBOR DR CHESTERFIELD, MI 48047	20-1279049	501(C)3	5,000.	0.			ADOPTION EVENT SUPPORT
FELINE FRIENDS PO BOX 1568 WARREN , MI 48090	38-3445936	501(C)3	500.	0.			ADOPTION SUPPORT
CITY OF DETROIT ANIMAL CONTROL 3511 W. JEFFERSON DETROIT, MI 48216	38-6004606	GOV'T ENTITY	0.	6,840.	WHOLESALE	PET FOOD	SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: MHS MAY PROVIDE ASSISTANCE TO OTHER NON-PROFIT ORGANIZATIONS THROUGH COLLABORATIVE EFFORTS. MHS REVIEWS THE WEBSITE OF RECIPIENT ORGANIZATION AND 990 TO LEARN OF VARIOUS PROGRAMS THAT THE RECIPIENT ORGANIZATION OFFERS AND EVALUATES HOW THOSE PROGRAMS SUPPORT THE MISSION OF MHS.

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.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: MICHIGAN HUMANE SOCIETY

Employer identification number: 38-1358206

Part I Questions Regarding Compensation

		Yes	No
1a 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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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	X	
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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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:			
a Receive a severance payment or change-of-control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
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:			
a The organization?	5a		X
b Any related organization?	5b		X
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:			
a The organization?	6a		X
b Any related organization?	6b		X
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)?	9		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MR. CALVIN MORGAN	(i)	185,415.	10,000.	0.	26,750.	9,213.	231,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MR. DAVID WILLIAMS	(i)	130,942.	9,400.	0.	2,974.	8,993.	152,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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 L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization: MICHIGAN HUMANE SOCIETY

Employer identification number: 38-1358206

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2011

132131 01-19-12

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
AARON JAROME	SON-IN-LAW OF CEO C	26,216.	COMPENSATIO		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AARON JAROME

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON-IN-LAW OF CEO CAL MORGAN

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: MICHIGAN HUMANE SOCIETY

Employer identification number: 38-1358206

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	7	27,125.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	139,493.	SELLING PRICE
20	Drugs and medical supplies	X	1	19,501.	SELLING PRICE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	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) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: MICHIGAN HUMANE SOCIETY

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
DURING THE FISCAL YEAR ENDED 9/30/12, THE STAFF AND VOLUNTEERS GAVE NUMEROUS EDUCATION TOURS OF OUR FACILITIES AND VISITS TO SCHOOLS REACHING OVER TEN THOUSAND STUDENTS IN THE LOCAL AREA. PRESENTATIONS WERE MADE TO INDIVIDUALS OF PRESCHOOL AGE UP TO SENIOR CITIZENS. PROPER TREATMENT AND CARE OF ANIMALS ARE PRESENTED. THE PROGRAM ALSO EMPHASIZES THE SPAYING OR NEUTERING OF DOMESTIC COMPANION ANIMALS FOR THEIR OWN HEALTH AND TO HELP REDUCE THE DOMESTIC ANIMAL OVERPOPULATION.

DURING THE FISCAL YEAR ENDED 9/30/12, LOW-COST VACCINATIONS WERE GIVEN TO 3,169 ANIMALS WHOSE OWNERS DID NOT HAVE THE FINANCIAL ABILITY TO PROVIDE VACCINATIONS FOR THEIR PETS.

THE MICHIGAN HUMANE SOCIETY IS FORTUNATE TO HAVE 2,561 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 55,966 VOLUNTEER HOURS WERE LOGGED DURING THE FISCAL YEAR ENDED 9/30/12.

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

Name of the organization: MICHIGAN HUMANE SOCIETY

Employer identification number: 38-1358206

VETERINARY ASSOCIATION. DURING FISCAL YEAR 2012, 95% OF ALL ADOPTERS WERE CONTACTED VIA EMAIL OR TELEPHONE AT ONE WEEK POST-ADOPTION.

THE OFFSITE ADOPTION PROGRAM COMPLETED ITS FIRST FULL YEAR IN 2009. DURING FISCAL YEAR 2012, OAP WAS ABLE TO ADD ADDITIONAL LOCATIONS WHICH BROUGHT TOTAL ADOPTED ANIMALS TO 2,049 DURING FISCAL YEAR ENDED 9/30/12.

DURING THE FISCAL YEAR ENDED 9/30/12, THE FOSTER PROGRAM WAS ABLE TO CARE FOR 2,039 ANIMALS. THE MAJORITY OF THOSE ANIMALS WERE PLACED IN FOSTER DUE TO UPPER RESPIRATORY INFECTIONS. THE FOSTER PROGRAM HAD 383 VOLUNTEERS AS OF THE END OF FISCAL YEAR 2012.

THE MICHIGAN HUMANE SOCIETY CONTINUED THE FELINE STERILIZATION INITIATIVE TO HELP COMBAT PET OVERPOPULATION. MHS WAS ABLE TO PROVIDE LOW-COST STERILIZATIONS TO 4,544 FELINES DURING FISCAL YEAR ENDED 9/30/2012. ADDITIONALLY DURING FISCAL YEAR ENDED 9/30/12, MHS INTRODUCED PIT-BULL AND PIT-BULL MIX STERILIZATION PROGRAM THAT PROVIDED 566 STERILIZATIONS FREE OF CHARGE.

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. CLOSE TO 950 ANIMALS FROM MICHIGAN HUMANE SOCIETY AND OTHER ANIMAL WELFARE ORGANIZATIONS WERE ADOPTED BETWEEN THE TWO EVENTS.

EXPENSES $ 3,767,441. INCLUDING GRANTS OF $ 14,840. REVENUE $ 252,638.

Name of the organization: MICHIGAN HUMANE SOCIETY

Employer identification number: 38-1358206

FORM 990, PART VI, SECTION B, LINE 11: THE INITIAL REVIEW OF THE FORM 990 IS DELEGATED TO THE FINANCE COMMITTEE, WHO HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY, THE BOARD OF DIRECTORS. EACH COMMITTEE MEMBER RECEIVED A DRAFT OF THE 990 FOR REVIEW PRIOR TO THE FEBRUARY 19, 2013 FINANCE COMMITTEE MEETING. THE 990 WAS APPROVED BY THE FINANCE COMMITTEE ON MARCH 1, 2013. ONCE THE FINANCE COMMITTEE APPROVED THE FORM 990, EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVED A COPY OF THE FORM 990. THE BOARD MEMBERS WERE ABLE TO PROVIDE FEEDBACK AND ASK QUESTIONS PRIOR TO THE RETURN BEING FINALIZED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12: THE MICHIGAN HUMANE SOCIETY BOARD OF DIRECTORS PERIODICALLY SIGNS THE CONFLICT OF INTEREST POLICY 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 CHIEF OF STAFF REVIEWS THE CONFLICT OF INTEREST STATEMENTS PERIODICALLY, WITH THE LAST REVIEW OCCURRING DURING FISCAL YEAR 2011. IF IT IS DETERMINED THAT THERE ARE POTENTIAL CONFLICTS OF INTERESTS, THE CHIEF OF STAFF WOULD COMMUNICATE ANY SUCH MATTERS TO THE CEO AND BOARD CHAIR. THE CEO AND THE BOARD CHAIR WOULD CONSIDER WHETHER THE MATTERS ARE MATERIAL AND IF THEY ARE DETERMINED TO BE MATERIAL, THEY WOULD BE BROUGHT TO THE ATTENTION OF THE BOARD OF DIRECTORS. UPON REVIEW OF THE MATTER BY THE BOARD OF DIRECTORS, RESTRICTIONS MAY INCLUDE EXCLUDING THE INDIVIDUAL FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS AFFECTING THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A: 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

Name of the organization: MICHIGAN HUMANE SOCIETY

Employer identification number: 38-1358206

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 2012 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. IN ADDITION TO THE COMPENSATION STUDY, UPDATES ARE PROVIDED BY THE FIRM WHO DID THE COMPENSATION STUDY IN REGARDS TO INFLATIONARY ADJUSTMENTS AS WELL AS INDUSTRY WAGE DATA AND 990 INFORMATION IS GATHERED TO COMPARE AND BASE WAGE ADJUSTMENTS. 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, WHO LAST DID SO DURING FISCAL YEAR 2012. HOWEVER, THE COMPENSATION ARRANGEMENTS ARE SET BASED ON COMPARABILITY DATA AND PREVIOUS COMPENSATION STUDIES. THE EXECUTIVE COMMITTEE DOES HAVE THE RIGHT TO ADJUST SALARIES FOR OTHER OFFICERS AND KEY EMPLOYEES AFTER THE FACT.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RETAINS MEETING MINUTES DOCUMENTING THE DISCUSSION AND DECISIONS OF THE COMMITTEE IN REGARDS TO COMPENSATION OF THE CEO. DOCUMENTATION IS RETAINED IN EACH EMPLOYEE'S PERSONNEL FILE APPROVING ANY CHANGES IN COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE MICHIGAN HUMANE SOCIETY'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC THROUGH THE STATE OF MICHIGAN. COPIES OF THE ARTICLES OF INCORPORATION AND BYLAWS ARE PROVIDED PER GRANT AND DONOR REQUESTS. FINANCIAL STATEMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE.

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	828,692.
DONATED SERVICES AND USE OF FACILITIES:	72,000.
CHANGE IN VALUE OF INTEREST IN CHARITABLE TRUSTS	-22,000.
TOTAL TO FORM 990, PART XI, LINE 5	878,692.

PUBLIC DISCLOSURE COPY

Form **990-T** Department of the Treasury Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2011 or other tax year beginning OCT 1, 2011 , and ending SEP 30, 2012

OMB No. 1545-0687 **2011** Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

Name of organization ([ ] Check box if name changed and see instructions.)

Print or Type: MICHIGAN HUMANE SOCIETY

Number, street, and room or suite no. If a P.O. box, see instructions.
30300 TELEGRAPH ROAD, NO. 220

City or town, state, and ZIP code
BINGHAM FARMS, MI 48025-4509

B Exempt under section [X] 501(C)(3) [ ] 408(e) [ ] 220(e) [ ] 408A [ ] 530(a) [ ] 529(a)

D Employer identification number (Employees' trust, see instructions.) 38-1358206

E Unrelated business activity codes (See instructions.) 452000 511120

C Book value of all assets at end of year 23,750,974.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ ADVERTISING IN NEWSLETTER; RETAIL SALES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ KRISTINA GLISIC Telephone number ▶ 248-283-1000

Part I Unrelated Trade or Business Income

		Line	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 11,198.				
b	Less returns and allowances c Balance ▶	1c	11,198.		
2	Cost of goods sold (Schedule A, line 7)	2	6,970.		
3	Gross profit. Subtract line 2 from line 1c	3	4,228.		4,228.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	1,500.	1,455.	45.
12	Other income (See instructions; attach schedule.) STATEMENT 2	12	2,000.		2,000.
13	**Total.** Combine lines 3 through 12	13	7,728.	1,455.	6,273.

Part II Deductions Not Taken Elsewhere
(See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

			Line	Amount
14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	140.
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules.)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	**Total deductions.** Add lines 14 through 28		29	140.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	6,133.
31	Net operating loss deduction (limited to the amount on line 30)		31	6,133.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	0.
33	Specific deduction (Generally $1,000, but see instructions for exceptions.)		33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0.

Part III Tax Computation

35 **Organizations Taxable as Corporations.** See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:

a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
(1) $ (2) $ (3) $

b Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $
(2) Additional 3% tax (not more than $100,000) $

c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44 a	Payments: A 2010 overpayment credited to 2011	44a			
b	2011 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 [X] Other 5,825. Total ▶	44g	5,825.		
45	**Total payments.** Add lines 44a through 44g SEE STATEMENT 3			45	5,825.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	5,825.
49	Enter the amount of line 48 you want: **Credited to 2012 estimated tax** ▶		**Refunded** ▶	49	5,825.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs	4a					
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ SENIOR VICE PRESIDENT AND CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KELLIE L. GOINES	Kellie L. Goines	3/14/13		P00239246
Firm's name ▶ PLANTE & MORAN, PLLC			Firm's EIN ▶ 38-1357951	
Firm's address ▶ P.O. BOX 307 SOUTHFIELD, MI 48037-0307			Phone no. 248-352-2500	

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property
(1)
(2)
(3)
(4)

2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	2. (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	3. (b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				0.	0.
Total dividends-received deductions included in column 8 ▶					0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A). 0.			Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) MICHIGANIMALS	1,500.	1,455.	45.			
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A). 1,500.	Enter here and on page 1, Part I, line 11, col. (B). 1,455.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

FOOTNOTES STATEMENT 1

THE 2007 NOL CARRYFORWARD WAS $27,269. $5,973 WAS APPLIED TO THE DECEMBER 31, 2010 RETURN. $204 WAS APPLIED TO THE SEPTEMBER 30, 2011 RETURN. $6,133 WAS APPLIED TO THIS RETURN. THE REMAINING 2007 NOL CARRYFORWARD IS $14,959. IN ADDITION, THE ORGANIZATION HAS AN UNUSED NOL CARRYFORWARD OF $2,992 FROM 2009.

FORM 990-T	OTHER INCOME	STATEMENT 2

DESCRIPTION	AMOUNT
OTHER INCOME - NEWSLETTER EDITING SERVICES	2,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	2,000.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 3

DESCRIPTION	AMOUNT
FORM 1099-R	5,825.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 44G	5,825.