Public Disclosure Copy

Form 990

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization (Schedule B) need not be disclosed.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.
**PUBLIC DISCLOSURE COPY**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

B Name of organization

MICHIGAN HUMANE SOCIETY

C Employer identification number

38-1358206

D Telephone number

248-283-1000

E Tax-exempt status:

X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

F Name and address of principal officer:

MATTHEW PEPPER

KELLIE L. GOINES P00239246

SAME AS C ABOVE

BINGHAM FARMS, MI 48025-4509

Website: WWW.MICHIGANHUMANE.ORG

G Gross receipts $ 23,491,641.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

I Website: 

J Form of organization: Corporation Trust Association Other

MICHIGAN HUMANE SOCIETY

L Year of formation: 1925

M State of legal domicile: MI

Part I Summary

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 12

4 Number of independent voting members of the governing body (Part VI, line 1b)

12

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)

293

6 Total number of volunteers (estimate if necessary)

1,708

7a Total unrelated business revenue from Part VIII, column (O), line 12

-2,201.

7b Net unrelated business taxable income from Form 990-T, line 34

-3,850.

8 Contributions and grants (Part VIII, line 1h)

Prior Year 2012 10,619,090.

Current Year 2013 13,410,067.

9 Program service revenue (Part VIII, line 2g)

5,982,903.

5,751,221.

10 Investment income (Part VIII, line 3, 4, and 7d)

838,301.

1,302,411.

11 Other revenue (Part VIII, line 2h, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)

-51,530.

-85,544.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

17,388,764.

20,378,155.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

12,959.

1,485.

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)

9,980,283.

9,888,553.

16a Professional fundraising fees (Part IX, column (A), line 11a)

816,026.

742,150.

16b Total fundraising expenses (Part IX, column (D), line 25)

2,328,264.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

6,139,097.

6,270,798.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

16,947,365.

16,902,986.

19 Revenue less expenses. Subtract line 18 from line 12

2,441,399.

3,475,169.

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.

Signature of officer

DAVID GREGORY, SENIOR VICE PRESIDENT AND CFO

Date

Print/Type preparer's name

KELLIE L. GOINES

Preparer's signature

Date

PTIN

00239246

Preparer Firm's name

PLANTE & MORAN, PLLC

Firm's EIN

38-1357951

Use Only Firm's address

1098 WOODWARD AVE.

Phone no. (313) 496-7200

DETROIT, MI 48226

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

32001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
MICHIGAN HUMANE SOCIETY
38-1358206

Part III | Statement of Program Service Accomplishments

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 ☑ 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 ☑ 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 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 $ 6,890,521. including grants of $ ) (Revenue $ 4,134,218.)
   During fiscal year ended 9/30/14, Michigan Humane Society's three charitable veterinary hospitals performed 12,523 spay and neuter surgeries to help limit the excessive animal overpopulation problem. The charitable hospitals vaccinated 37,487 animals including the shelter and low cost shot clinic. 5,548 microchips were implanted so that owners would be able to retrieve their pets. 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.

   4b. (Code: __ ) (Expenses $ 4,654,946. including grants of $ ) (Revenue $ 1,521,042.)
   During fiscal year ended 9/30/14, Michigan Humane Society sheltered and gave humane treatment to 17,431 animals. 8,202 animals were adopted into permanent homes. In addition to adoptions, the Michigan Humane Society was able to reunite 643 animals with their owners. 2,041 animals were adopted through the offsite adoption program which started in 2009.

   4c. (Code: __ ) (Expenses $ 740,381. including grants of $ ) (Revenue $ 4,762.)
   During fiscal year ended 9/30/14, the cruelty and rescue department responded to 5,957 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 3,506 rescues during fiscal year ended 9/30/14.

   4d. Other program services (Describe in Schedule O.)
   (Expenses $ 1,647,548. including grants of $ ) (Revenue $ 1,485.)

   4e. Total program service expenses $ 13,933,396.

Form 990 (2013)
|   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>If &quot;Yes,&quot; complete Schedule A</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part II</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part III</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part I</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
</tr>
<tr>
<td></td>
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<tr>
<td>a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>c</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VIII</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>d</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IX</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>f</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part X</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
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<tr>
<td>b</td>
<td>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 &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
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<tr>
<td>15</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>17</td>
<td>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 &quot;Yes,&quot; complete Schedule G, Part I</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  .......................... Yes No 21 X

22 Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  .......................... Yes No 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  .......................... Yes No 23 X

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  .......................... Yes No 24a X

  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  .......................... Yes No 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?  .......................... Yes No 24c

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  .......................... Yes No 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  .......................... Yes No 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  .......................... Yes No 25b X

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  .......................... Yes No 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  .......................... Yes No 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  .......................... Yes No 28a X

  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  .......................... Yes No 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  .......................... Yes No 28c X

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M  .......................... Yes No 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  .......................... Yes No 30 X

31 Did the organization liquidate, terminate, or dissolve and cease operations?

  If "Yes," complete Schedule N, Part I  .......................... Yes No 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  .......................... Yes No 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  .......................... Yes No 33 X

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  .......................... Yes No 34 X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  .......................... Yes No 35a X

  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  .......................... Yes No 35b

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  .......................... Yes No 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  .......................... Yes No 37 X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  .......................... Yes No 38 X
### Part V Statements Regarding Other IRS Filings and Tax Compliance

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
</tr>
<tr>
<td>2a</td>
<td>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</td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the tax year?</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; to line 3b, provide an explanation in Schedule O</td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
</tr>
<tr>
<td>4b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country.</td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
</tr>
<tr>
<td>6a</td>
<td>Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
</tr>
<tr>
<td>7</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
</tr>
<tr>
<td>7b</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
</tr>
<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?</td>
</tr>
<tr>
<td>7i</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
</tr>
<tr>
<td>7j</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
</tr>
<tr>
<td>8</td>
<td>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?</td>
</tr>
<tr>
<td>9</td>
<td>Sponsoring organizations maintaining donor advised funds.</td>
</tr>
<tr>
<td>9a</td>
<td>Did the organization make any taxable distributions under section 4966?</td>
</tr>
<tr>
<td>9b</td>
<td>Did the organization make a distribution to a donor, donor advisor, or related person?</td>
</tr>
<tr>
<td>10</td>
<td>Section 501(c)(7) organizations. Enter:</td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
</tr>
<tr>
<td>11</td>
<td>Section 501(c)(12) organizations. Enter:</td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
</tr>
<tr>
<td>13</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
</tr>
<tr>
<td>13b</td>
<td>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</td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves on hand</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
</tr>
</tbody>
</table>
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year: 12

b Enter the number of voting members included in line 1a, above, who are independent:

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body:

b Each committee with authority to act on behalf of the governing body:

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.

Section B. Policies

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, by which the organization received this form.

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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?

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?

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.

☐ Own website  ☒ Another’s website  ☐ Upon request  ☐ Other (explain in Schedule O)

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:

BROOKS KELLEY - 248-283-5668
30300 TELEGRAPH ROAD SUITE 220, BINGHAM FARMS, MI 48025

332056 10-29-13

12440612 147270 39668 2013.05090 MICHIGAN HUMANE SOCIETY 39668-2
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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MS. BETH CORREA</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) DR. CHRISTOPHER BROWN</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY - PARTIAL YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) MR. DENNIS HARDER</td>
<td>5.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) MR. DANIEL WIECHEC</td>
<td>5.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIR OF THE BOARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) MR. PAUL HUXLEY</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) MS. MADGE Berman</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR - PARTIAL YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) MS. LINDA AXE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) MS. JAN ELLIS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) MS. MARIANNE ENDICOTT</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) MS. LILLIAN ERDEJLAN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR - PARTIAL YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) MR. ROSS LERNER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR - PARTIAL YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) MS. LAURA HUGHES</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) MR. CHARLES METZGER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) MR. GREGORY CAPLER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) MR. DANIEL MINKUS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) MR. MARVIN TOWNS, JR.</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR - PARTIAL YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) MR. RICK RUFFNER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part VII**

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

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Position</th>
<th>Average hours per week</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR. CALVIN MORGAN</td>
<td>PRESIDENT AND CEO - PARTIAL YEAR</td>
<td>50.00 X</td>
<td>211,398. 0. 34,170.</td>
<td></td>
</tr>
<tr>
<td>MR. DAVID GREGORY</td>
<td>SENIOR VP AND CFO</td>
<td>45.00 X</td>
<td>143,555. 0. 11,950.</td>
<td></td>
</tr>
<tr>
<td>MR. DAVID WILLIAMS</td>
<td>SENIOR VP AND COO</td>
<td>45.00 X</td>
<td>150,396. 0. 12,445.</td>
<td></td>
</tr>
<tr>
<td>MR. MATTHEW PEPPER</td>
<td>PRESIDENT AND CEO</td>
<td>50.00 X</td>
<td>0. 0.</td>
<td></td>
</tr>
<tr>
<td>DR. ROBERT FISHER</td>
<td>CHIEF SCIENTIFIC OFFICER</td>
<td>40.00 X</td>
<td>151,573. 0. 5,920.</td>
<td></td>
</tr>
<tr>
<td>DR. KELLEY MEYERS</td>
<td>VP OF VETERINARY CENTER OPERATIONS</td>
<td>40.00 X</td>
<td>147,105. 0.</td>
<td></td>
</tr>
<tr>
<td>DR. SHITENE CECE-CLEMENTS</td>
<td>DIR OF SHELTER MEDICINE</td>
<td>40.00 X</td>
<td>130,573. 0. 12,265.</td>
<td></td>
</tr>
<tr>
<td>MR. MICHAEL ROBBINS</td>
<td>VP MARKETING/COMMUNICATION</td>
<td>40.00 X</td>
<td>112,099. 0. 9,636.</td>
<td></td>
</tr>
<tr>
<td>DR. MICHAEL REDMER</td>
<td>VETERINARIAN</td>
<td>40.00 X</td>
<td>103,745. 0. 8,715.</td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total: 1,150,444. 0. 95,101.

c Total from continuation sheets to Part VII, Section A: 0. 0. 0.

d Total (add lines 1b and 1c): 1,150,444. 0. 95,101.

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: 8

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: 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: 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: 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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRIZZARD COMMUNICATIONS</td>
<td>PROFESSIONAL FUNDRAISER</td>
<td>790,298.</td>
</tr>
<tr>
<td>PO BOX 543215, ATLANTA, GA 30353-4215</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WXYZ-TV</td>
<td>MEDIA/PUBLIC RELATIONS</td>
<td>243,400.</td>
</tr>
<tr>
<td>PO BOX 643405, CINCINNATI, OH 45264-3405</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CENTER FOR COMPUTER RESOURCES, 800 STEPHENSON HIGHWAY, SUITE 150, TROY, MI</td>
<td>IT SUPPORT/COMPUTER</td>
<td>242,583.</td>
</tr>
<tr>
<td>BLUE SKY COLLABORATIVE ARCHITECTURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 WASHINGTON ST, BEVERLY, MA 01915</td>
<td>ARCHITECTURE</td>
<td>224,017.</td>
</tr>
<tr>
<td>PARTRIDGE ENTERPRISES</td>
<td>ANIMAL CREMATION</td>
<td>193,575.</td>
</tr>
<tr>
<td>4705 INDUSTRIAL DRIVE, CLARK LAKE, MI 49234</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 8
**Part VIII Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants, and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td>1,484,059</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions) and other similar amounts not included above</td>
<td></td>
<td>11,926,008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td>398,761</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td>13,410,067</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>2a SHELTER AND CHARITABLE</th>
<th>2b</th>
<th>2c</th>
<th>2d</th>
<th>2e</th>
<th>2f All other program service revenue</th>
<th>g Total. Add lines 2a-2f</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>900099</td>
<td>5,751,221</td>
<td>5,751,221</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>8a Gross income from fundraising events (not including $ 1,484,059 of contributions reported on line 1c). See Part IV, line 18</th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
<th>f</th>
<th>g</th>
<th>h</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,484,059.</td>
<td>109,091</td>
<td>207,695</td>
<td>-98,598</td>
<td>-98,598</td>
<td>-98,598</td>
<td>951,628</td>
<td>951,628</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4,609</td>
<td>4,609</td>
<td>4,609</td>
<td>4,609</td>
<td>4,609</td>
<td>4,609</td>
<td>4,609</td>
<td>4,609</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10,122</td>
<td>3,177</td>
<td>6,945</td>
<td>10,646</td>
<td>-3,701</td>
<td>6,945</td>
<td>10,646</td>
<td>-3,701</td>
</tr>
</tbody>
</table>

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>11a ADVERTISING REVENUE</th>
<th>11b</th>
<th>11c</th>
<th>11d</th>
<th>11e Total. Add lines 11a-11d</th>
<th>12 Total. Add lines 11a-12</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>511120</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
</tr>
<tr>
<td></td>
<td>20,378,155</td>
<td>5,761,867</td>
<td>-2,201</td>
<td>1,208,422</td>
<td>20,378,155</td>
<td>5,761,867</td>
<td>-2,201</td>
</tr>
</tbody>
</table>

**Form 990 (2013)**

*Michigan Humane Society 38-1358206*

*2013.05090 Michigan Humane Society 39668_2*
### 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).

Check if Schedule O contains a response or note to any line in this Part IX: [ ]

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td>1,485.</td>
<td>1,485.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>429,879.</td>
<td>344,662.</td>
<td>50,846.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>7,731,357.</td>
<td>7,060,910.</td>
<td>192,988.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>122,799.</td>
<td>106,317.</td>
<td>8,233.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>888,032.</td>
<td>814,425.</td>
<td>56,717.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>716,486.</td>
<td>626,322.</td>
<td>47,268.</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>210,548.</td>
<td>149,034.</td>
<td>3,917.</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>140,025.</td>
<td>24,320.</td>
<td>1,617.</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>46,400.</td>
<td>46,400.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>42,000.</td>
<td>42,000.</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>742,150.</td>
<td>742,150.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>54,548.</td>
<td>54,548.</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>311,038.</td>
<td>296,525.</td>
<td>1,807.</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>422,741.</td>
<td>272,272.</td>
<td>25,805.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>254,819.</td>
<td>199,645.</td>
<td>17,775.</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>499,575.</td>
<td>411,942.</td>
<td>46,300.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>170,931.</td>
<td>144,617.</td>
<td>18,240.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>49,558.</td>
<td>35,034.</td>
<td>10,561.</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>638,938.</td>
<td>619,915.</td>
<td>9,161.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>61,447.</td>
<td>57,318.</td>
<td>1,299.</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24c. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>ANIMAL CARE EXPENSE</td>
<td>1,918,152.</td>
<td>1,918,152.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>SPECIAL EVENTS</td>
<td>647,060.</td>
<td>168,344.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>FACILITY EXPENSE</td>
<td>274,218.</td>
<td>273,074.</td>
<td>640.</td>
</tr>
<tr>
<td>d</td>
<td>REPAIRS &amp; MAINTENANCE</td>
<td>125,361.</td>
<td>124,233.</td>
<td>615.</td>
</tr>
<tr>
<td>e</td>
<td>all Other expenses</td>
<td>403,439.</td>
<td>242,850.</td>
<td>46,589.</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td>442,638.</td>
<td>279,900.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part X: Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,469,224.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>232,574.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>984,401.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>131,810.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other 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 instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>378,661.</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>147,785.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>8,325,308.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10,683,216.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>2,249,164.</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>24,602,143.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>1,362,481.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,362,481.</td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117 (ASC 958)

Check here and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>19,128,827.</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>3,923,335.</td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117 (ASC 958)

Check here and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>23,239,662.</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>24,602,143.</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td></td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: □ Cash □ Accrual □ Other</td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked “Other,” explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>If “Yes,” check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>If “Yes,” check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>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?</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>3a</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>3b</td>
</tr>
</tbody>
</table>
**Schedule A (Form 990 or 990-EZ) 2013**

**Name of the organization**
MICHIGAN HUMANE SOCIETY

**Employer identification number**
38-1358206

### Part I: Reason for Public Charity Status

<table>
<thead>
<tr>
<th>(i) Reason for Public Charity Status (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii)</td>
</tr>
<tr>
<td>(iv)</td>
</tr>
<tr>
<td>(vi)</td>
</tr>
<tr>
<td>(a)</td>
</tr>
<tr>
<td>(c)</td>
</tr>
<tr>
<td>(e)</td>
</tr>
<tr>
<td>(g)</td>
</tr>
</tbody>
</table>

#### (a) Type I
- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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:
- 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).
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 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.)
- A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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.
- Type I
- Type II
- Type III - Functionally integrated
- Type III - Non-functionally integrated
- 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).
- 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.
- Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - 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?
  - A family member of a person described in (i) above?
  - A 35% controlled entity of a person described in (i) or (ii) above?
- Provide the following information about the supported organization(s).
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>8,291,334</td>
<td>5,933,469</td>
<td>8,873,951</td>
<td>10,619,090</td>
<td>13,410,067</td>
<td>47,127,911</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>8,291,334</td>
<td>5,933,469</td>
<td>8,873,951</td>
<td>10,619,090</td>
<td>13,410,067</td>
<td>47,127,911</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,015,162</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46,112,749</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>8,291,334</td>
<td>5,933,469</td>
<td>8,873,951</td>
<td>10,619,090</td>
<td>13,410,067</td>
<td>47,127,911</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>602,016</td>
<td>387,340</td>
<td>428,266</td>
<td>375,332</td>
<td>350,783</td>
<td>2,143,737</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>5,973</td>
<td>204</td>
<td>6,133</td>
<td>-1,491</td>
<td>-3,850</td>
<td>6,969</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>104,871</td>
<td>59,432</td>
<td>63,130</td>
<td>114,891</td>
<td>342,324</td>
<td>49,620,941</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28,265,975</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 92.93 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 10 % |
| 16a 33 1/3% support test - 2013. 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 | ☑ |
| 17a 10% -facts-and-circumstances test - 2013. 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 | ☑ |
| 17b 10% -facts-and-circumstances test - 2012. 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 | ☑ |
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants&quot;).</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>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</td>
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<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
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</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
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</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 1, 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Column line 7c divided by Column line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10a, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 95.79 | % |

### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | 3.17 | % |

19a 33 1/3% support tests - 2013. 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 |          |
19b 33 1/3% support tests - 2012. 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 |          |
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVENTS

GAMING ACTIVITIES

SCHEDULE A, PART II:

EXPLANATION: MICHIGAN HUMANE SOCIETY'S PUBLIC CHARITY STATUS AS OUTLINED IN ITS IRS DETERMINATION LETTER IS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTION 509(A)(2) AND THEREFORE QUALIFIES TO CHECK BOX 9 ON SCHEDULE A, PART I. HOWEVER, MHS ALSO CAN CHECK BOX 7 BECAUSE THEY MEET THE PUBLIC SUPPORT TEST UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE CODE.
Schedule B (Form 990, 990-EZ, or 990-PF)

Name of the organization: MICHIGAN HUMANE SOCIETY

Employer identification number: 38-1358206

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ 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 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
### Part I  Contributors

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$2,000,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Noncash</td>
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<tr>
<td>2</td>
<td></td>
<td>$875,000.</td>
<td>Person X</td>
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<td></td>
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<td></td>
<td>Payroll</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$285,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
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<td>Noncash</td>
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</tbody>
</table>
### Part II  Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
MICHIGAN HUMANE SOCIETY  
38-1358206

<table>
<thead>
<tr>
<th>Part III</th>
<th>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.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>(e) Transfer of gift</td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
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<tr>
<td>(e) Transfer of gift</td>
<td>Transferee's name, address, and ZIP + 4</td>
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<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
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<tr>
<td>(e) Transfer of gift</td>
<td>Transferee's name, address, and ZIP + 4</td>
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</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
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<td></td>
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</tr>
<tr>
<td>(e) Transfer of gift</td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
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</tr>
</tbody>
</table>

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

*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.
- Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**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.

### Part I-A

**Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

<table>
<thead>
<tr>
<th></th>
<th>Political expenditures</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provide a description of the organization’s direct and indirect political campaign activities in Part IV.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Volunteer hours $</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the amount of any excise tax incurred by the organization under section 4955 $</td>
</tr>
<tr>
<td>2</td>
<td>Enter the amount of any excise tax incurred by organization managers under section 4955 $</td>
</tr>
<tr>
<td>3</td>
<td>If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No</td>
</tr>
<tr>
<td>4a</td>
<td>Was a correction made? Yes No</td>
</tr>
</tbody>
</table>

**Part I-B**

**Complete if the organization is exempt under section 501(c)(3).**

<table>
<thead>
<tr>
<th></th>
<th>Amount paid from filing organization’s funds. If none, enter -0-.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the amount directly expended by the filing organization for section 527 exempt function activities $</td>
</tr>
<tr>
<td>2</td>
<td>Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities $</td>
</tr>
<tr>
<td>3</td>
<td>Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $</td>
</tr>
<tr>
<td>4</td>
<td>Did the filing organization file Form 1120-POL for this year? Yes No</td>
</tr>
<tr>
<td>5</td>
<td>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.</td>
</tr>
</tbody>
</table>

#### (a) Name

<table>
<thead>
<tr>
<th></th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization’s funds. If none, enter -0-.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

**Schedule C (Form 990 or 990-EZ) 2013**

**LHA**

**2013.05090 MICHIGAN HUMANE SOCIETY 39668_2**

**12440612 147270 39668**
### 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.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td>1,832.</td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>50,584.</td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>52,416.</td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>16,850,570.</td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>16,902,986.</td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td>995,149.</td>
</tr>
</tbody>
</table>

#### If the amount on line 1e, column (a) or (b) is:

<table>
<thead>
<tr>
<th>Amount Range</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
</tr>
</tbody>
</table>

|   | g Grassroots nontaxable amount (enter 25% of line 1f) | 248,787. |
|   | 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.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td>679,847.</td>
<td>956,054.</td>
<td>944,325.</td>
<td>995,149.</td>
<td>3,575,375.</td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5,363,063.</td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td>35,931.</td>
<td>49,179.</td>
<td>54,777.</td>
<td>52,416.</td>
<td>192,303.</td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td>169,962.</td>
<td>239,014.</td>
<td>236,081.</td>
<td>248,787.</td>
<td>893,844.</td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,340,766.</td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td>545.</td>
<td>1,455.</td>
<td>2,496.</td>
<td>1,832.</td>
<td>6,328.</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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."

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dues, assessments and similar amounts from members</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Current year</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Carryover from last year</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Total</td>
<td>2c</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>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?</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
<td>5</td>
</tr>
</tbody>
</table>

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.
### 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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)
- Preservation of an historically important land area
- Protection of natural habitat
- Preservation of a certified historic structure
- Preservation of open space

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.

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

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 XIII, 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 XIII, the text of the footnote to its financial statements that describes these items.

1b 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 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

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 XIII.

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

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 XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

b. If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

### Part V Endowment Funds

1a. Beginning of year balance
   - (a) Current year: 285,552.
   - (b) Prior year: 243,245.
   - (c) Two years back: 204,166.
   - (d) Three years back: 212,104.
   - (e) Four years back: 209,639.

b. Contributions
   - (a) Current year: -79,669.
   - (b) Prior year: 42,307.
   - (c) Two years back: 39,079.
   - (d) Three years back: -7,938.
   - (e) Four years back: 24,680.

c. Net investment earnings, gains, and losses
   - (a) Current year: 22,215.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   - (i) unrelated organizations
   - (ii) related organizations

b. If “Yes” to 3a(ii), are the related organizations listed as required on Schedule R? X

### Part VI Land, Buildings, and Equipment

Complete if the organization answered “Yes” to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Land</td>
<td>848,268</td>
<td></td>
<td>848,268</td>
<td></td>
</tr>
<tr>
<td>b. Buildings</td>
<td>10,155,955</td>
<td>5,451,516</td>
<td>4,704,439</td>
<td></td>
</tr>
<tr>
<td>c. Leasehold improvements</td>
<td>86,133</td>
<td>74,484</td>
<td>11,649</td>
<td></td>
</tr>
<tr>
<td>d. Equipment</td>
<td>4,786,277</td>
<td>3,060,165</td>
<td>1,726,112</td>
<td></td>
</tr>
<tr>
<td>e. Other</td>
<td>2,296,587</td>
<td>714,343</td>
<td>1,582,244</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 8,872,712.
### Part VII: Investments - Other Securities

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII: Investments - Program Related

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX: Other Assets

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) INTEREST IN TRUSTS</td>
<td>824,000.</td>
</tr>
<tr>
<td>(2) ESTATE RECEIVABLE</td>
<td>1,663,577.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total:** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

2,487,577.

### Part X: Other Liabilities

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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) |                |

**Total:** (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII [X]
### Part XI - Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>$20,495,361</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains on investments</td>
<td>$46,029</td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
<td>$41,000</td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td>$27,000</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td>$114,029</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>$20,381,332</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td>$-3,177</td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>$-3,177</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>$20,378,155</td>
</tr>
</tbody>
</table>

### Part XII - Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>$16,947,163</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
<td>$41,000</td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
<td>$3,177</td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td>$44,177</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>$16,902,986</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td>$0</td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>$16,902,986</td>
</tr>
</tbody>
</table>

### Part XIII - Supplemental Information

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

**EXPLANATION:** THE MICHIGAN HUMANE SOCIETY USES THE EARNINGS FROM THE ENDOWMENT FUND TO HELP SUPPORT DAILY OPERATIONS.

PART X, LINE 2:

**EXPLANATION:** 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 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, 2014 AND 2013, 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 2011.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF INTEREST IN CHARITABLE TRUSTS 27,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
COST OF SALES -3,177.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF SALES 3,177.
### 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** Mail solicitations
- **b** Internet and email solicitations
- **c** Phone solicitations
- **d** In-person solicitations
- **e** Solicitation of non-government grants
- **f** Solicitation of government grants
- **g** Special fundraising events

#### 2. 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?

- **a** No

**Note:** 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.

#### Part I

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICHER &amp; RICHER - 117 N 1ST ST, #70, ANN ARBOR, MI 48104</td>
<td>CAPITAL CAMPAIGN</td>
<td>Yes</td>
<td>3,867,058</td>
<td>68,698</td>
<td>3,798,360</td>
</tr>
<tr>
<td>GRIZZARD INC. - 229 PEACHTREE ST. NE SUITE 1400, ATLANTA,</td>
<td>DIRECT MAIL, PROFESSIONAL FEES, PRINTING AND POSTAGE</td>
<td>X</td>
<td>2,712,765</td>
<td>673,452</td>
<td>2,039,313</td>
</tr>
</tbody>
</table>

**Total**

6,579,823  742,150  5,837,673

#### 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**

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

Schedule G (Form 990 or 990-EZ) 2013

SEE PART IV FOR CONTINUATIONS

LHA  2013.050 90 MICHIGAN HUMANE SOCIETY  39668
### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>557,564.</td>
<td>419,926.</td>
<td>615,660.</td>
<td>1,593,150.</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>557,564.</td>
<td>364,856.</td>
<td>561,639.</td>
<td>1,484,059.</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>55,070.</td>
<td>54,021.</td>
<td>109,091.</td>
<td></td>
</tr>
</tbody>
</table>

### Direct Expenses

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Revenue</th>
<th>Direct Expenses</th>
<th>Net Income Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash prizes</td>
<td></td>
<td>9,020.</td>
<td>5,337. 14,357.</td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td>19,740.</td>
<td>6,053. 25,793.</td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td>2,000.</td>
<td>43,277. 45,277.</td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td>44,099.</td>
<td>8,130. 8,130.</td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td>44,908.</td>
<td>25,125. 114,132.</td>
</tr>
<tr>
<td>Direct expense summary</td>
<td></td>
<td>25,125.</td>
<td>114,132.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
</table>

### Enter the state(s) in which the organization operates gaming activities:

- **a** Is the organization licensed to operate gaming activities in each of these states?  
  - [ ] Yes  
  - [ ] No

- **b** If "No," explain:
  
  

### Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

- **a**  
  - [ ] Yes  
  - [ ] No

- **b** If "Yes," explain:
  
  

---

Schedule G (Form 990 or 990-EZ) 2013 MICHIGAN HUMANE SOCIETY 39668__2
Schedule G (Form 990 or 990-EZ) 2013 MICHIGAN HUMANE SOCIETY 38-1358206 Page 3

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 %
   b An outside facility %

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

   Name ▶
   Address ▶

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 ▶
   Gaming manager compensation ▶ $
   Description of services provided ▶

   □ 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. 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: RICHNER & RICHNER
(I) ADDRESS OF FUNDRAISER: 117 N 1ST ST, #70, ANN ARBOR, MI 48104

(I) NAME OF FUNDRAISER: GRIZZARD INC.
(I) ADDRESS OF FUNDRAISER:
229 PEACHTREE ST, NE SUITE 1400, ATLANTA, GA 30353

Schedule G (Form 990 or 990-EZ) 2013

12440612 147270 39668 2013.05090 MICHIGAN HUMANE SOCIETY 39668__2
### SCHEDULE J

<table>
<thead>
<tr>
<th>Form 990</th>
<th>2013</th>
</tr>
</thead>
</table>

#### Compensation Information

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

- [ ] Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- [ ] Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

### Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th>1a</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] First-class or charter travel</td>
</tr>
<tr>
<td></td>
<td>[ ] Travel for companions</td>
</tr>
<tr>
<td></td>
<td>[ ] Tax indemnification and gross-up payments</td>
</tr>
<tr>
<td></td>
<td>[ ] Discretionary spending account</td>
</tr>
<tr>
<td></td>
<td>[ ] Housing allowance or residence for personal use</td>
</tr>
<tr>
<td></td>
<td>[ ] Payments for business use of personal residence</td>
</tr>
<tr>
<td></td>
<td>[ ] Health or social club dues or initiation fees</td>
</tr>
<tr>
<td></td>
<td>[ ] Personal services (e.g., maid, chauffeur, chef)</td>
</tr>
</tbody>
</table>

| 1b | 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. |

| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? |

<table>
<thead>
<tr>
<th>3</th>
<th>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, but explain in Part III.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Compensation committee</td>
</tr>
<tr>
<td></td>
<td>[ ] Independent compensation consultant</td>
</tr>
<tr>
<td></td>
<td>[ ] Form 990 of other organizations</td>
</tr>
<tr>
<td></td>
<td>[ ] Written employment contract</td>
</tr>
<tr>
<td></td>
<td>[ ] Compensation survey or study</td>
</tr>
<tr>
<td></td>
<td>[ ] Approval by the board or compensation committee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Receive a severance payment or change-of-control payment?</td>
</tr>
<tr>
<td></td>
<td>[ ] Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
</tr>
<tr>
<td></td>
<td>[ ] Participate in, or receive payment from, an equity-based compensation arrangement?</td>
</tr>
</tbody>
</table>

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

<table>
<thead>
<tr>
<th>5</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] The organization?</td>
</tr>
<tr>
<td></td>
<td>[ ] Any related organization?</td>
</tr>
</tbody>
</table>

If "Yes" to line 5a or 5b, describe in Part III.

<table>
<thead>
<tr>
<th>6</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] The organization?</td>
</tr>
<tr>
<td></td>
<td>[ ] Any related organization?</td>
</tr>
</tbody>
</table>

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 |

| 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 |

| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? |

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MR. CALVIN MORGAN</td>
<td>(i) 211,398.</td>
<td>0.</td>
<td>0.</td>
<td>23,650.</td>
<td>10,520.</td>
</tr>
<tr>
<td>PRESIDENT AND CEO - PARTIAL YEAR</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) MR. DAVID GREGORY</td>
<td>(i) 137,019.</td>
<td>6,536.</td>
<td>0.</td>
<td>1,436.</td>
<td>10,514.</td>
</tr>
<tr>
<td>SENIOR VP AND CFO</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) MR. DAVID WILLIAMS</td>
<td>(i) 143,539.</td>
<td>6,857.</td>
<td>0.</td>
<td>4,250.</td>
<td>8,195.</td>
</tr>
<tr>
<td>SENIOR VP AND COO</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) DR. ROBERT FISHER</td>
<td>(i) 147,648.</td>
<td>3,925.</td>
<td>0.</td>
<td>4,362.</td>
<td>1,558.</td>
</tr>
<tr>
<td>CHIEF SCIENTIFIC OFFICER</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
PART I, LINE 1A:

EXPLANATION: 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.
### Part I: Excess Benefit Transactions

<table>
<thead>
<tr>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1. Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 $ $

2. Enter the amount of tax, if any, on line 1, above, reimbursed by the organization $ 

### Part II: Loans to and/or From Interested Persons.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due in default?</th>
<th>(g) Approved by board or committee?</th>
<th>(h) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Total $ 

### Part III: Grants or Assistance Benefiting Interested Persons.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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

Schedule L (Form 990 or 990-EZ) 2013
### Part IV Business Transactions Involving Interested Persons

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

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization's revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARON JAROME</td>
<td>SON-IN-LAW OF CEO CAL MORGAN</td>
<td>25,107.00</td>
<td>COMPENSATION</td>
<td>X</td>
</tr>
</tbody>
</table>

### Part V Supplemental Information

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)

**Part I: Types of Property**

<table>
<thead>
<tr>
<th>#</th>
<th>Property Type</th>
<th>Check if Applicable</th>
<th>Number of Contributions or Items Contributed</th>
<th>Noncash Contribution Amounts Reported on Form 990, Part VIII, line 1g</th>
<th>Method of Determining Noncash Contribution Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td>X</td>
<td>12</td>
<td>246,614. MARKET VALUE</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other (FLYERS/CARDS)</td>
<td>X</td>
<td>2</td>
<td>1,453. SELLING PRICE</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>X</td>
</tr>
</tbody>
</table>

32a **Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>32a</td>
<td>X</td>
</tr>
</tbody>
</table>

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.**

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

Schedule M (Form 990) (2013)
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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 FISCAL YEAR ENDED 9/30/14, 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 9/30/14, LOW-COST VACCINATIONS WERE GIVEN TO 2,812 ANIMALS WHOSE OWNERS DID NOT HAVE THE FINANCIAL ABILITY TO PROVIDE VACCINATIONS FOR THEIR PETS. IN ADDITION, 692 WERE MICROCHIPPED.

THE MICHIGAN HUMANE SOCIETY IS FORTUNATE TO HAVE NEARLY 2,000 ACTIVE VOLUNTEERS ASSISTING IN THE DAILY OPERATIONS, ANIMAL CARE AND ENRICHMENT PROGRAM, SPECIAL EVENTS AND ADMINISTRATION. THESE DEDICATED INDIVIDUALS CONTRIBUTED 52,931 HOURS TO MEET THE NEEDS OF ANIMALS AND THE METRO DETROIT COMMUNITY.

THE MICHIGAN HUMANE SOCIETY ADOPTER SUPPORT PROGRAM HAS BEEN PRESENTED AS A MODEL TO OTHER ANIMAL WELFARE AGENCIES AS WELL AS BEING THE

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

SUBJECT OF A SCIENTIFIC STUDY PRESENTED IN THE JOURNAL OF THE AMERICAN VETERINARY ASSOCIATION. DURING FISCAL YEAR 2014, 96% OF ALL ADOPTERS WERE CONTACTED VIA EMAIL OR TELEPHONE AT ONE WEEK POST-ADOPTION.

DURING FISCAL YEAR ENDED 9/30/14, THE FOSTER PROGRAM WAS ABLE TO CARE FOR 2,227 ANIMALS. THE MAJORITY OF THOSE ANIMALS WERE PLACED IN FOSTER DUE TO UPPER RESPIRATORY INFECTIONS. THE FOSTER PROGRAM HAD 190 VOLUNTEERS AS OF THE END OF FISCAL YEAR 2014.

THE MICHIGAN HUMANE SOCIETY CONTINUED THE FELINE STERILIZATION INITIATIVE TO HELP COMBAT PET OVERPOPULATION. MHS WAS ABLE TO PROVIDE LOW-COST STERILIZATIONS TO 4,556 FELINES DURING FISCAL YEAR ENDED 9/30/14. ADDITIONALLY DURING FISCAL YEAR ENDED 2014, MHS INTRODUCED PIT-BULL AND PIT-BULL MIX STERILIZATION PROGRAM THAT PROVIDED 478 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 ONE OF THE LARGEST OFF-SITE ADOPTION EVENTS IN THE COUNTRY AND IS HOSTED BY THE MICHIGAN HUMANE SOCIETY. A TOTAL OF MORE THAN 1,000 ANIMALS FROM THE MICHIGAN HUMANE SOCIETY AND DOZENS OF OTHER ANIMAL WELFARE ORGANIZATIONS WERE ADOPTED AT THE TWO EVENTS.

EXPENSES $1,647,548. INCLUDING GRANTS OF $1,485. REVENUE $101,845.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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
MICHIGAN HUMANE SOCIETY

FOR REVIEW PRIOR TO THE 8/4/15 FINANCE COMMITTEE MEETING. THE 990 WAS APPROVED BY THE FINANCE COMMITTEE ON 8/4/15. 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 12C:
EXPLANATION: THE MICHIGAN HUMANE SOCIETY BOARD OF DIRECTORS ANNUALLY 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. STAFF LEADERSHIP REVIEW THE CONFLICT OF INTEREST STATEMENTS EACH YEAR, AND ANY POTENTIAL CONFLICTS ARE NOTED FOR THE CHAIR OF THE BOARD OF DIRECTORS CONSIDERATION. UPON REVIEW OF THE MATTER BY THE BOARD OF DIRECTORS, RESTRICTION MAY INCLUDE EXCLUDING THE INDIVIDUAL FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISION AFFECTING THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:
PAST TO DETERMINE WAGE RANGES FOR ALL EMPLOYEE LEVELS. IN ADDITION TO THE
COMPLEMENTATION STUDY, UPDATES ARE PROVIDED BY THE FIRM WHO DID THE
COMPLEMENTATION 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 2014. 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:
EXPLANATION: 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF INTEREST IN CHARITABLE TRUSTS 27,000.

FORM 990, PART XII, LINE 2C:
EXPLANATION: THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
Form 8868 (Rev. 1-2014)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.

MICHIGAN HUMANE SOCIETY

Employer identification number (EIN) or

38-1358206

Number, street, and room or suite no. If a P.O. box, see instructions.

30300 TELEGRAPH ROAD, NO. 220

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

BINGHAM FARMS, MI  48025-4509

Enter the Return code for the return that this application is for (file a separate application for each return)

0 | 1

Application Is For Return Code Application Is For Return Code
Form 990 or Form 990-EZ 01 Form 1041-A 08
Form 990-BL 02 Form 4720 (other than individual) 09
Form 4720 (individual) 03 Form 5227 10
Form 990-PF 04 Form 6069 11
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12
Form 990-T (trust other than above) 06

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

Form 8868 (Rev. 1-2014)

MICHIGAN HUMANE SOCIETY 39668_2

12440612 147270 39668

2013.05090
** Exempt Organization Business Income Tax Return **

For calendar year 2013 or other tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**

**2013**

---

**A** Check box if address changed

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>[ ] Check box if name changed and see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHIGAN HUMANE SOCIETY</td>
<td>38-1358206</td>
</tr>
</tbody>
</table>

**B** Exempt under section

<table>
<thead>
<tr>
<th>Print Type</th>
<th>501(c)(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>501(c)(3)</td>
<td>C</td>
</tr>
</tbody>
</table>

**C** Book value of all assets at end of year

<table>
<thead>
<tr>
<th>28,245,883.</th>
</tr>
</thead>
</table>

**D** City or town, state or province, country, and ZIP or foreign postal code

| BINGHAM FARMS, MI 48025-4509 | 452000 511120 |

**E** Unrelated business activity codes

<table>
<thead>
<tr>
<th>[ ] Unrelated business activity codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

**F** Group exemption number (See instructions.)

<table>
<thead>
<tr>
<th>[ ] [ ] [ ]</th>
</tr>
</thead>
</table>

**G** Telephone number

| 248-283-5668 |

---

**Part I Unrelated Trade or Business Income**

<table>
<thead>
<tr>
<th>1a Gross receipts or sales</th>
<th>5,486.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b Less returns and allowances</td>
<td>1,649.</td>
</tr>
<tr>
<td>1c Balance</td>
<td>-3,850.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 Cost of goods sold (Schedule A, line 7)</th>
<th>9,187.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Gross profit. Subtract line 2 from line 1c</td>
<td>-3,701.</td>
</tr>
<tr>
<td>4a Capital gain net income (attach Form 8949 and Schedule D)</td>
<td>1,500.</td>
</tr>
<tr>
<td>4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>1,649.</td>
</tr>
<tr>
<td>4c Capital loss deduction for trusts</td>
<td>-149.</td>
</tr>
<tr>
<td>5 Income (loss) from partnerships and S corporations (attach statement)</td>
<td>-2,201.</td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td>-1,649.</td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td>-3,850.</td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)</td>
<td>-3,850.</td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>-3,850.</td>
</tr>
<tr>
<td>10 Exploited activity income (Schedule I)</td>
<td>-3,850.</td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td>-3,850.</td>
</tr>
<tr>
<td>12 Other income (See instructions; attach schedule.)</td>
<td>-3,850.</td>
</tr>
<tr>
<td>13 Total, Combine lines 3 through 12</td>
<td>-3,850.</td>
</tr>
</tbody>
</table>

---

**Part II Deductions Not Taken Elsewhere**

(Except for contributions, deductions must be directly connected with the unrelated business income.)

| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 |
| 15 Salaries and wages | 15 |
| 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 |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 |
| 31 Net operating loss deduction (limited to the amount on line 30) | SEE STATEMENT 1 |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 |
| 33 Specific deduction (Generally $1,000, but see instructions for exceptions.) | 33 |
| 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 |

---

**Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**

**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**
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:
   (1) $ ▶ (2) $ ▶ (3) $ ▶ 35c 0.
   a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
   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 ▶
   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

40 a 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 2012 overpayment credited to 2013 ▶ 44a
   b 2013 estimated tax payments ▶ 44b
   c Tax deposited with Form 8888 ▶ 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 ▶ Other ▶ Total ▶ 44g
   45 Total payments. Add lines 44a through 44g ▶ 45
   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 0.
   48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 0.
   49 Enter the amount of line 48 you want: ▶ Credited to 2014 estimated tax ▶ Refunded ▶ 49

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

1 At any time during the 2013 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 ▶ Yes ▶ No ▶
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 further information. ▶ Yes ▶ No ▶
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
2 Purchases ▶ 2
3 Cost of labor ▶ 3
4 a Additional section 263A costs (attach schedule) ▶ 4a
   b Other costs (attach schedule) ▶ 4b
5 Total. Add lines 1 through 4b ▶ 5
6 Inventory at end of year ▶ 6
7 Cost of goods sold. Subtract line 6 ▶ 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ▶ Yes ▶ No

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 ▶ Signature ▶ Date ▶

SENIOR VICE PRESIDENT AND CFO

KELLY L. GOINES

Firm's name ▶ PLANTE & MORAN, PLLC
Firm's address ▶ 1098 WOODWARD AVE.
Phone no. (313) 496-7200

May the IRS discuss this return with the preparer shown below? ▶ Yes ▶ No ▶

Check if self-employed ▶

PTIN ▶ P00239246

Firm's EIN ▶ 38-1357951

Form 990-T (2013) 38-1358206  Page 2

323711 12-12-13

12440612 147270 39668 2013.05090 MICHIGAN HUMANE SOCIETY 39668_2
### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

1. **Description of property**
   - (1) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
   - (2) 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)

2. **Rent received or accrued**
   - (a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
   - (b) Total deductions.

3. **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 

4. **Total deductions.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (B)

### Schedule E - Unrelated Debt-Financed Income

1. **Description of debt-financed property**
2. **Gross income from or allocable to debt-financed property**
   - (a) Straight line depreciation (attach schedule)
   - (b) Other deductions (attach schedule)

3. **Deductions directly connected with or allocable to debt-financed property**
   - Column 4 divided by column 5

4. **Total dividends-received deductions included in column 8**

### Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

1. **Name of controlled organization**
2. **Employer identification number**
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**

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**

---

**Form 990-T (2013) Page 3**

**MICHIGAN HUMANE SOCIETY 38-1358206**

**Form 990-T (2013) 12440612 147270 39668 2013.05090 MICHIGAN HUMANE SOCIETY 39668__2**
### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(2)</td>
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</tr>
<tr>
<td>(3)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 9, column (A).

Enter here and on page 1, Part I, line 9, column (B).

**Totals**

---

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(3)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 10, col. (A).

Enter here and on page 1, Part I, line 10, col. (B).

**Totals**

---

### Schedule J - Advertising Income

#### Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(2)</td>
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<tr>
<td>(3)</td>
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<tr>
<td>(4)</td>
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<td></td>
</tr>
</tbody>
</table>

**Totals**

---

#### 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.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MICHIGANIMALS</td>
<td>1,500.</td>
<td>1,649.</td>
<td>-149.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals from Part I**

---

**Totals, Part II lines 1-5**

---

### Schedule K - Compensation of Officers, Directors, and Trustees

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

**Total**. Enter here and on page 1, Part II, line 14
<table>
<thead>
<tr>
<th>TAX YEAR</th>
<th>LOSS SUSTAINED</th>
<th>LOSS PREVIOUSLY APPLIED</th>
<th>LOSS REMAINING</th>
<th>AVAILABLE THIS YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/07</td>
<td>27,269.</td>
<td>12,310.</td>
<td>14,959.</td>
<td>14,959.</td>
</tr>
<tr>
<td>12/31/09</td>
<td>2,992.</td>
<td>0.</td>
<td>2,992.</td>
<td>2,992.</td>
</tr>
<tr>
<td>09/30/13</td>
<td>1,491.</td>
<td>0.</td>
<td>1,491.</td>
<td>1,491.</td>
</tr>
</tbody>
</table>

NOL CARRYOVER AVAILABLE THIS YEAR

19,442.       19,442.