

# **Public Disclosure Copy**

## **Form 990**

***\*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\****

### **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 need not be disclosed, and Schedule B has been redacted accordingly.

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.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2016**  
Open to Public Inspection

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

|  |   |  |  |
|--|---|--|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>MICHIGAN HUMANE SOCIETY</b>   |  | <b>D</b> Employer identification number<br><b>38-1358206</b>   |
|  | Doing business as   |  | <b>E</b> Telephone number<br><b>866-648-6263</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                                      | Room/suite                                 | <b>G</b> Gross receipts \$ <b>30,819,430.</b>  |
|  | <b>30300 TELEGRAPH ROAD</b>   | <b>220</b>                                 | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>BINGHAM FARMS, MI 48025-4509</b> |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| <b>F</b> Name and address of principal officer: <b>MATTHEW PEPPER</b><br><b>SAME AS C ABOVE</b>  |   | If "No," attach a list. (see instructions) |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |  |
| <b>J</b> Website: <b>WWW.MICHIGANHUMANE.ORG</b>  |   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   | <b>L</b> Year of formation: <b>1925</b>    | <b>M</b> State of legal domicile: <b>MI</b>  |

**Part I Summary**

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE AND SAVE LIVES THROUGH COMPASSIONATE CARE, COMMUNITY ENGAGEMENT AND ADVOCACY FOR</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | <b>24</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | <b>24</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)   | <b>5</b>                         | <b>295</b>          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | <b>1200</b>         |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>10,130.</b>      |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>   | <b>0.</b>                        |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>17,159,959.</b>               | <b>16,331,017.</b>  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>6,363,663.</b>                | <b>6,679,859.</b>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>-25,868.</b>                  | <b>732,687.</b>     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>-99,658.</b>                  | <b>-269,482.</b>    |
|   |   | <b>23,398,096.</b>               | <b>23,474,081.</b>  |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>8,299.</b>                    | <b>36,527.</b>      |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>10,964,790.</b>               | <b>11,489,621.</b>  |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>1,105,322.</b>                | <b>755,414.</b>     |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | <b>2,427,019.</b>                |                     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>7,220,627.</b>                | <b>7,618,191.</b>   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>19,299,038.</b>  | <b>19,899,753.</b>               |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>4,099,058.</b>   | <b>3,574,328.</b>                |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>38,281,264.</b>               | <b>37,424,086.</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>6,094,171.</b>                | <b>1,102,254.</b>   |
|   |   | <b>32,187,093.</b>               | <b>36,321,832.</b>  |

**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.

|                               |  |   |                                 |   |                          |
|-------------------------------|--|---|---------------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer <i>Matthew Kubler</i>   | Date <b>8/15/2018</b>   |                                 |   |                          |
|                               | <b>MATTHEW KUBLER, SENIOR VICE PRESIDENT AND CFO</b><br>Type or print name and title |   |                                 |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>LYNNE HUISMANN</b>                                  | Preparer's signature<br><b>LYNNE HUISMANN</b>                     | Date<br><b>08/15/18</b>         | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00053811</b> |
|                               | Firm's name<br><b>PLANTE &amp; MORAN, PLLC</b>                                       | Firm's address<br><b>1098 WOODWARD AVE.<br/>DETROIT, MI 48226</b> | Firm's EIN<br><b>38-1357951</b> | Phone no. (313) <b>496-7200</b>                 |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE AND SAVE LIVES THROUGH COMPASSIONATE CARE, COMMUNITY ENGAGEMENT AND ADVOCACY FOR ANIMALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 6,554,374. including grants of \$ ) (Revenue \$ 4,485,927. ) DURING FISCAL YEAR ENDED 9/30/17, MICHIGAN HUMANE SOCIETY'S THREE CHARITABLE VETERINARY CLINICS PERFORMED 10,808 SPAY AND NEUTER SURGERIES TO COMBAT ANIMAL OVERPOPULATION. THE CHARITABLE CLINICS DID 59,618 VACCINATIONS, WHICH INCLUDED MHS' SHELTERS AND LOW COST SHOT CLINICS. 7,343 MICROCHIPS WERE IMPLANTED SO THAT OWNERS WOULD BE ABLE TO RETRIEVE LOST PETS. THEY WERE ALSO ABLE TO PROVIDE VETERINARY SERVICES TO ANIMALS WHOSE OWNERS WOULD NOT OTHERWISE BE ABLE TO AFFORD SIMILAR TREATMENT AT FOR-PROFIT ANIMAL CLINICS. THE VETERINARY STAFF WORKS CLOSELY WITH THE CRUELTY INVESTIGATION AND RESCUE DEPARTMENT WHEN MEDICAL TREATMENT OR EXPERT TESTIMONY IS REQUIRED FOR PROSECUTION.

4b (Code: ) (Expenses \$ 7,398,678. including grants of \$ ) (Revenue \$ 2,049,798. ) DURING FISCAL YEAR ENDED 9/30/17, MICHIGAN HUMANE SOCIETY SHELTERED AND PROVIDED HUMANE TREATMENT TO 14,263 ANIMALS. 10,504 ANIMALS WERE PROVIDED A SECOND CHANCE BY BEING PLACED INTO PERMANENT HOMES OR OTHER POSITIVE OUTCOMES. INCLUDED IN THE AFOREMENTIONED STATISTICS, MHS WAS ABLE TO REUNITE 710 ANIMALS WITH THEIR OWNERS. 2,011 ANIMALS WERE ADOPTED THROUGH THE OFFSITE ADOPTION PROGRAM.

4c (Code: ) (Expenses \$ 696,604. including grants of \$ ) (Revenue \$ 2,635. ) DURING FISCAL YEAR ENDED 9/30/17, THE CRUELTY INVESTIGATION AND RESCUE DEPARTMENT RESPONDED TO 6,072 ANIMAL CRUELTY COMPLAINTS. THE COMPLAINTS VARIED FROM ANIMALS THAT WERE NOT PROVIDED FOOD, WATER AND SHELTER TO INVESTIGATIONS OF ANIMALS THAT WERE MALICIOUSLY MAIMED, KILLED, OR INVOLVED IN ILLEGAL EXPLOITATIVE ACTIVITIES, SUCH AS DOG FIGHTING. 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 ANIMAL CRUELTY. THE DEPARTMENT RESCUED 2,072 ANIMALS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,030,460. including grants of \$ 36,527. ) (Revenue \$ 141,499. )

4e Total program service expenses 16,680,116.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  | X   |    |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | X   |    |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X   |    |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>   | X   |    |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | X   |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and input fields for numerical values.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (24), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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, address, and telephone number of the person who possesses the organization's books and records: MATTHEW KUBLER - 866-648-6263 30300 TELEGRAPH ROAD SUITE 220, BINGHAM FARMS, MI 48025

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MR. PAUL M. HUXLEY<br>BOARD CHAIR      | 5.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) MR. DENNIS J. HARDER<br>VICE CHAIR     | 5.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) MR. GREGORY M. CAPLER<br>TREASURER     | 5.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) MS. ELIZABETH J. CORREA<br>SECRETARY   | 5.00<br>0.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) MS. LINDA AXE<br>DIRECTOR              | 5.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) MS. MADELEINE BERMAN<br>DIRECTOR       | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) MS. JAN ELLIS<br>DIRECTOR              | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) MS. MARIANNE T. ENDICOTT<br>DIRECTOR   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) MS. JENNIFER M. FARBER<br>DIRECTOR     | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MS. G. CHARLENE HANDLEMAN<br>DIRECTOR | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) MS. AMELIA HUGHES<br>DIRECTOR         | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) MS. LAURA A. HUGHES<br>DIRECTOR       | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) MR. ANDREW HUMPHREY<br>DIRECTOR       | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) MR. ROSS LERNER<br>DIRECTOR           | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) MS KRISTIN A. LUSN, ESQ.<br>DIRECTOR  | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) MR. ROBERT A. LUTZ<br>DIRECTOR        | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) MS. MARCIA M. MCBRIEN<br>DIRECTOR     | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) MR. DAVID E. MEADOR<br>DIRECTOR                           | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) MR. DANIEL H. MINKUS<br>LEGAL COUNSEL                     | 5.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) MR. RICK RUFFNER<br>DIRECTOR                              | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) MR. WILLIAM B. SULLIVAN<br>DIRECTOR                       | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) MR. BRUCE THAL<br>DIRECTOR                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) MR. PETER VAN DYKE<br>DIRECTOR                            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) MR. DANIEL WIECHEC<br>IMMEDIATE PAST CHAIR                | 5.00<br>0.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) MR. MATTHEW C. PEPPER<br>PRESIDENT/CEO                    | 50.00<br>0.00   |   |                       | X       |              |                              |        | 223,799.   | 0.  | 15,121.   |
| (26) MR. MATTHEW R. KUBLER<br>SENIOR VP AND CFO                | 45.00<br>0.00   |   |                       | X       |              |                              |        | 83,649.  | 0.  | 4,022.  |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 307,448.   | 0.  | 19,143.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 895,344.   | 0.  | 131,478.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 1,202,792.   | 0.  | 150,621.  |

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 **7**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | 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.

| (A)<br>Name and business address   | (B)<br>Description of services  | (C)<br>Compensation |
|--|---------------------------------|---------------------|
| SACHSE CONSTRUCTION, 1528 WOODWARD AVE, STE 600, DETROIT, MI 48226         | GENERAL CONSTRUCTION MANAGEMENT | 1,743,419.          |
| GRIZZARD COMMUNICATIONS<br>PO BOX 534215, ATLANTA, GA 30353-4215           | PROFESSIONAL SERVICES           | 1,096,580.          |
| BLUE SKY COLLABORATIVE ARCHITECTURE<br>1119 ELIZABETH ST, DENVER, CO 80206 | PROFESSIONAL SERVICES           | 244,179.            |
| CENTER FOR COMPUTER RESOURCES, 800 STEPHENSON HIGHWAY, SUITE 150, TROY, MI | IT SUPPORT/COMPUTERS            | 241,049.            |
| RICHNER AND RICHNER, 117 N. FIRST STREET, SUITE 10, ANN ARBOR, MI 48104    | PROFESSIONAL SERVICES           | 187,120.            |

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|---|---|--|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....  | <b>1a</b>  |                      |   |   |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>  |                      |   |   |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>  | 1,308,861.           |   |   |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>  |                      |   |   |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>  |                      |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>  | 15,022,156.          |   |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |  | 559,186.             |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |  | 16,331,017.          |   |   |  |  |
| <b>Program Service<br/>Revenue</b>  | <b>2 a</b> SHELTER AND CHARITABLE .....   | <b>Business Code</b><br>900099                                 | 6,679,859.           | 6,679,859.                                      |   |  |  |
|   | <b>b</b> .....  |  |                      |   |   |  |  |
|   | <b>c</b> .....  |  |                      |   |   |  |  |
|   | <b>d</b> .....  |  |                      |   |   |  |  |
|   | <b>e</b> .....  |  |                      |   |   |  |  |
|   | <b>f</b> All other program service revenue .....  |  |                      |   |   |  |  |
|   | <b>g Total.</b> Add lines 2a-2f .....   |  | 6,679,859.           |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |  | 155,451.             |   |   | 155,451.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |                      |   |   |  |  |
|   | <b>5</b> Royalties .....  |  |                      |   |   |  |  |
|   | <b>6 a</b> Gross rents .....  | (i) Real   | (ii) Personal        |   |   |  |  |
|   |   | <b>b</b> Less: rental expenses .....                           |                      |   |   |  |  |
|   |   | <b>c</b> Rental income or (loss) .....                         |                      |   |   |  |  |
|   |   | <b>d</b> Net rental income or (loss) .....                     |                      |   |   |  |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   | (ii) Other           |   |   |  |  |
|   |   | 7,568,403.   |                      |   |   |  |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      | 6,991,167.                                      |   |  |  |
|   |   | <b>c</b> Gain or (loss) .....                                  |                      | 577,236.  |   |  |  |
|   | <b>d</b> Net gain or (loss) .....   |  | 577,236.             |   |   | 577,236.   |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 1,308,861. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   | 62,329.              |   |   |  |  |
|   |   | <b>b</b> Less: direct expenses .....                           | <b>b</b>             | 341,941.  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |   |  | -279,612.            |   |   | -279,612.  |  |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>  |  |                      |   |   |  |  |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>   |                      |   |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....  |  |                      |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>  | 21,198.  |                      |   |   |  |  |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>   | 12,241.              |   |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |  | 8,957.               |   | 8,957.                                  |  |  |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>   |                      |   |   |  |  |
| <b>11 a</b> ADVERTISING REVENUE .....   |   | 511120   | 1,173.               |   | 1,173.                                  |  |  |
|   | <b>b</b> .....  |  |                      |   |   |  |  |
|   | <b>c</b> .....  |  |                      |   |   |  |  |
|   | <b>d</b> All other revenue .....  |  |                      |   |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....   |  |                      | 1,173.  |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                               |   |  | 23,474,081.          | 6,679,859.                                      | 10,130.                                 | 453,075.   |  |

**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.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 36,527.               | 36,527.                         |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....  | 763,168.              | 357,163.                        | 192,078.                               | 213,927.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....  | 8,667,756.            | 8,046,769.                      | 74,839.                                | 546,148.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits .....   | 1,276,139.            | 1,159,883.                      | 60,499.                                | 55,757.                     |
| 10 Payroll taxes .....  | 782,558.              | 667,835.                        | 60,849.                                | 53,874.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  | 326,157.              | 85,535.                         | 135,659.                               | 104,963.                    |
| b Legal .....   | 35,709.               | 1,252.                          | 2,281.                                 | 32,176.                     |
| c Accounting .....  | 50,500.               |                                 | 50,500.                                |                             |
| d Lobbying .....  | 48,000.               | 48,000.                         |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 755,414.              |                                 |  | 755,414.                    |
| f Investment management fees .....  | 317,378.              | 144,118.                        | 50,972.                                | 122,288.                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion .....  | 521,094.              | 351,051.                        | 49.                                    | 169,994.                    |
| 13 Office expenses .....  | 683,206.              | 362,490.                        | 41,796.                                | 278,920.                    |
| 14 Information technology .....   | 163,105.              | 110,958.                        | 17,407.                                | 34,740.                     |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 667,035.              | 582,482.                        | 44,842.                                | 39,711.                     |
| 17 Travel .....   | 153,775.              | 134,196.                        | 11,180.                                | 8,399.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   | 9,870.                | 7,545.                          | 2,003.                                 | 322.                        |
| 20 Interest .....   | 61,355.               | 61,355.                         |  |                             |
| 21 Payments to affiliates .....   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....  | 1,119,347.            | 1,079,639.                      | 11,839.                                | 27,869.                     |
| 23 Insurance .....  | 78,877.               | 75,481.                         | 1,028.                                 | 2,368.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>ANIMAL CARE EXPENSE</b>  | 2,530,356.            | 2,529,109.                      | 1,187.                                 | 60.                         |
| b <b>REPAIRS &amp; MAINTENANCE</b>  | 243,779.              | 242,970.                        | 704.                                   | 105.                        |
| c <b>FACILITY EXPENSE</b>   | 238,021.              | 237,681.                        | 181.                                   | 159.                        |
| d <b>SPECIAL EVENTS &amp; RELATE</b>  | 197,090.              | 196,745.                        | 345.                                   |                             |
| e All other expenses  | 173,537.              | 161,332.                        | 32,380.                                | -20,175.                    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 19,899,753.           | 16,680,116.                     | 792,618.                               | 2,427,019.                  |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)   | 500,095.              | 226,787.                        | 0.                                     | 273,308.                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year     |
|---|--|--------------------------|-------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 2,488,655.               | <b>1</b>    | 3,234,019.             |
|   | <b>2</b> Savings and temporary cash investments .....  | 1,291,998.               | <b>2</b>    | 2,013,599.             |
|   | <b>3</b> Pledges and grants receivable, net .....  | 4,189,728.               | <b>3</b>    | 2,527,798.             |
|   | <b>4</b> Accounts receivable, net .....  | 52,770.                  | <b>4</b>    | 130,642.               |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>    |                        |
|   | <b>6</b> 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 ..... |                          | <b>6</b>    |                        |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                        |
|   | <b>8</b> Inventories for sale or use .....   | 497,061.                 | <b>8</b>    | 205,040.               |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 188,469.                 | <b>9</b>    | 285,041.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 30,919,405.   |             |                        |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 10,969,038.   | 20,754,570. | <b>10c</b> 19,950,367. |
|   | <b>11</b> Investments - publicly traded securities .....   | 6,473,288.               | <b>11</b>   | 8,015,518.             |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                        |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                        |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                        |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 2,344,725.               | <b>15</b>   | 1,062,062.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 38,281,264.  | <b>16</b>                | 37,424,086. |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 1,090,218.               | <b>17</b>   | 1,033,079.             |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                        |
|   | <b>19</b> Deferred revenue .....   | 39,750.                  | <b>19</b>   | 69,175.                |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                        |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                        |
|   | <b>22</b> 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 .....   |                          | <b>22</b>   |                        |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                        |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                        |
|   | <b>25</b> 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 .....  | 4,964,203.               | <b>25</b>   | 0.                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 6,094,171.               | <b>26</b>   | 1,102,254.             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                        |
|   | <b>27</b> Unrestricted net assets .....  | 29,352,691.              | <b>27</b>   | 31,247,941.            |
|   | <b>28</b> Temporarily restricted net assets .....  | 1,713,944.               | <b>28</b>   | 3,364,195.             |
|   | <b>29</b> Permanently restricted net assets .....  | 1,120,458.               | <b>29</b>   | 1,709,696.             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |             |                        |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>   |                        |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>   |                        |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>   |                        |
| <b>33</b> Total net assets or fund balances .....                         | 32,187,093.  | <b>33</b>                | 36,321,832. |                        |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 38,281,264.  | <b>34</b>                | 37,424,086. |                        |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 23,474,081. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 19,899,753. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 3,574,328.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 32,187,093. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 510,401.    |
| 6  | Donated services and use of facilities   | 6  | 36,000.     |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 14,010.     |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 36,321,832. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

Form 990 (2016)



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012  | (b) 2013  | (c) 2014  | (d) 2015  | (e) 2016  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 10619090. | 13410067. | 13226468. | 17159959. | 16331017. | 70746601. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 10619090. | 13410067. | 13226468. | 17159959. | 16331017. | 70746601. |
| <b>5</b> 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) ..... |           |           |           |           |           | 5559000.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 65187601. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012  | (b) 2013  | (c) 2014  | (d) 2015  | (e) 2016  | (f) Total                |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 10619090. | 13410067. | 13226468. | 17159959. | 16331017. | 70746601.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 375,332.  | 350,783.  | 265,488.  | 136,931.  | 155,451.  | 1283985.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  | -1,491.   | -3,850.   | 1,062.    | 7,305.    | 5,533.    | 8,559.                   |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 63,130.   | 114,891.  | 111,098.  | 132,916.  | 62,329.   | 484,364.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 72523509.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |           |           |           |           | 12        | 31,103,510.              |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 89.88 %                             |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....  | <b>15</b> | 92.58 %                             |
| <b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3  | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d  | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3   | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |              |
| <b>9</b> Distributable amount for 2016 from Section C, line 6  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2016 from Section C, line 6   |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2016:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b>  |                             |  |   |
| <b>c</b> From 2013  |                             |  |   |
| <b>d</b> From 2014  |                             |  |   |
| <b>e</b> From 2015  |                             |  |   |
| <b>f Total</b> of lines 3a through e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>h</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>i</b> Carryover from 2011 not applied (see instructions)   |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| <b>4</b> Distributions for 2016 from Section D, line 7: \$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>b</b> Applied to 2016 distributable amount   |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions |                             |  |   |
| <b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions                        |                             |  |   |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c  |                             |  |   |
| <b>8</b> Breakdown of line 7:   |                             |  |   |
| <b>a</b>  |                             |  |   |
| <b>b</b> Excess from 2013   |                             |  |   |
| <b>c</b> Excess from 2014   |                             |  |   |
| <b>d</b> Excess from 2015   |                             |  |   |
| <b>e</b> Excess from 2016   |                             |  |   |

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVENTS

2012 AMOUNT: \$ 57,330.

2013 AMOUNT: \$ 109,091.

2014 AMOUNT: \$ 110,148.

2015 AMOUNT: \$ 132,916.

2016 AMOUNT: \$ 62,329.

GAMING ACTIVITIES

2012 AMOUNT: \$ 5,800.

2013 AMOUNT: \$ 5,800.

2014 AMOUNT: \$ 950.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

SCHEDULE A, PART II:

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 10 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)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

MICHIGAN HUMANE SOCIETY

Employer identification number

38-1358206

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

|  |   |
|--|---|
| Name of organization<br><b>MICHIGAN HUMANE SOCIETY</b> | Employer identification number<br><b>38-1358206</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | <hr/> <hr/> <hr/>                 | \$ <u>610,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | <hr/> <hr/> <hr/>                 | \$ <u>382,795.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ <u>2,930,928.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          | <hr/> <hr/> <hr/>                 | \$ <u>1,896,877.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | <hr/> <hr/> <hr/>                 | \$ <u>1,006,230.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          | <hr/> <hr/> <hr/>                 | \$ <u>650,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|  |   |
|--|---|
| Name of organization<br><b>MICHIGAN HUMANE SOCIETY</b> | Employer identification number<br><b>38-1358206</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/>                 | \$ 550,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/> <hr/> <hr/>                 | \$ 410,449.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>MICHIGAN HUMANE SOCIETY</b> | Employer identification number<br><br><b>38-1358206</b> |
|--|---|

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 2                            | FOOD AND LITTER<br>_____<br>_____<br>_____   | \$ 382,795.                                    | 12/31/16             |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |

|  |   |
|--|---|
| Name of organization<br><br><b>MICHIGAN HUMANE SOCIETY</b> | Employer identification number<br><br><b>38-1358206</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.**

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

**If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization

**MICHIGAN HUMANE SOCIETY**

Employer identification number

**38-1358206**

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 79,885.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) .....   | 79,885.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures .....   | 16,600,231.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) .....   | 16,680,116.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 984,006.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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> |   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) .....   | 246,002.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | 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? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |            |          |            |
|---|----------|----------|------------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2013 | (b) 2014 | (c) 2015   | (d) 2016 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 995,149. | 985,287. | 1,000,000. | 984,006. | 3,964,442. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |            |          | 5,946,663. |
| <b>c</b> Total lobbying expenditures                                | 52,416.  | 57,662.  | 59,799.    | 79,885.  | 249,762.   |
| <b>d</b> Grassroots nontaxable amount                               | 248,787. | 246,322. | 250,000.   | 246,002. | 991,111.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |            |          | 1,486,667. |
| <b>f</b> Grassroots lobbying expenditures                           | 1,832.   |          |            |          | 1,832.     |

Schedule C (Form 990 or 990-EZ) 2016

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..   |     |    |        |
| <b>c</b> Media advertisements? .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     |    |        |
| <b>i</b> Other activities? .....   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

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

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

**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."**

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

**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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

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

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 2 Aggregate value of contributions to (during year) .....   |                              |                              |
| 3 Aggregate value of grants from (during year) .....  |                              |                              |
| 4 Aggregate value at end of year .....  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 a 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.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

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" on 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.

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 225,209.         | 182,955.       | 205,883.           | 285,552.             | 243,245.            |
| b Contributions                                  | 1,489,238.       | 27,956.        |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 61,519.          | 14,298.        | -22,928.           | -79,669.             | 42,307.             |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 4,751.           |                |                    |                      |                     |
| g End of year balance                            | 1,771,215.       | 225,209.       | 182,955.           | 205,883.             | 285,552.            |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  95.59 %
  - c Temporarily restricted endowment  4.41 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value     |
|--|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land  |                                      | 913,790.                        |                              | 913,790.           |
| b Buildings  |                                      | 22,686,997.                     | 6,188,829.                   | 16,498,168.        |
| c Leasehold improvements   |                                      | 112,009.                        | 94,898.                      | 17,111.            |
| d Equipment  |                                      | 6,685,521.                      | 4,253,897.                   | 2,431,624.         |
| e Other  |                                      | 521,088.                        | 431,414.                     | 89,674.            |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>19,950,367.</b> |



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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)   |                |
| <b>Total.</b> (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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 24,388,671. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 510,401.    |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 36,000.     |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 14,010.     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 560,411.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 23,828,260. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | -354,179.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | -354,179.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 23,474,081. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 20,253,932. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 354,179.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 354,179.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 19,899,753. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 19,899,753. |

**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:**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF INTEREST IN CHARITABLE TRUSTS 14,010.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

COST OF SALES -12,241.

FUNDRAISING EXPENSES -341,938.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -354,179.

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES 12,241.

FUNDRAISING EXPENSES 341,938.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 354,179.

Multiple horizontal lines for supplemental information.



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b><br><b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|---|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▲▲

**3** Enter total number of other organizations or entities ▲▲



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2016

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2                      | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |            |
|-----------------|--|---|-----------------------------------|---------------------|--|------------|
|                 |  | TELETHON<br>(event type)                                    | BOW WOW<br>BRUNCH<br>(event type) | 6<br>(total number) |  |            |
| Revenue         | 1  | Gross receipts  | 427,519.                          | 358,308.            | 585,363.   | 1,371,190. |
|                 | 2  | Less: Contributions   | 427,519.                          | 328,437.            | 552,905.   | 1,308,861. |
|                 | 3  | Gross income (line 1 minus line 2)                          |                                   | 29,871.             | 32,458.  | 62,329.    |
| Direct Expenses | 4  | Cash prizes   |                                   |                     |  |            |
|                 | 5  | Noncash prizes  |                                   |                     |  |            |
|                 | 6  | Rent/facility costs   |                                   |                     | 19,129.  | 19,129.    |
|                 | 7  | Food and beverages  |                                   | 36,488.             | 89,598.  | 126,086.   |
|                 | 8  | Entertainment   |                                   | 6,000.              | 10,673.  | 16,673.    |
|                 | 9  | Other direct expenses                                       | 64,508.                           | 46,311.             | 69,234.  | 180,053.   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                   |                     |  | 341,941.   |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                                   |                     | -279,612.  |            |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
|                 |  |   |   |   |   |
| Revenue         | 1  | Gross revenue   |   |   |   |
|                 | 2  | Cash prizes   |   |   |   |
| Direct Expenses | 3  | Noncash prizes  |   |   |   |
|                 | 4  | Rent/facility costs   |   |   |   |
|                 | 5  | Other direct expenses   |   |   |   |
| 6               | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct 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 conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 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 provide any additional information. See instructions

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

(I) NAME OF FUNDRAISER: GRIZZARD INC.

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: RICHNER & RICHNER

(I) ADDRESS OF FUNDRAISER: 1ST ST, #70, ANN ARBOR, MI 48104

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: FALCON FUNDRAISING, INC

(I) ADDRESS OF FUNDRAISER:

1690 WATERTOWER PLACE, SUITE 400A, EAST LANSING, MI 48823

Multiple horizontal lines for additional information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**MICHIGAN HUMANE SOCIETY**

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

Employer identification number  
**38-1358206**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|--|
| HOUSTON SPCA<br>900 PORTWAY DR<br>HOUSTON, TX 77024  | 74-1287171 | 501(C)(3)                       | 22,500.                  | 0.                                |   |  | HELP SAVE ANIMAL LIVES<br>AFTER HURRICANE HARVEY |
|  |            |                                 |                          |                                   |   |  |  |
|  |            |                                 |                          |                                   |   |  |  |
|  |            |                                 |                          |                                   |   |  |  |
|  |            |                                 |                          |                                   |   |  |  |
|  |            |                                 |                          |                                   |   |  |  |

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

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

Schedule I (Form 990) (2016)



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**MICHIGAN HUMANE SOCIETY**

Employer identification number

**38-1358206**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)       |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**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 on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title   | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|------------------------------|---|
|  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                              |   |
| (1) MR. MATTHEW C. PEPPER<br>PRESIDENT/CEO                     | (i) 183,599.<br>(ii) 0.                            | (ii) 15,000.<br>(iii) 0.            | (iii) 25,200.<br>(iii) 0.           | 1,300.<br>0.                                   | 13,821.<br>0.           | 238,920.<br>0.               | 0.<br>0.  |
| (2) MR. DAVID A. WILLIAMS<br>SENIOR VP AND COO RESIGNED 8/2017 | (i) 164,480.<br>(ii) 0.                            | (ii) 8,499.<br>(iii) 0.             | (iii) 22,800.<br>(iii) 0.           | 5,589.<br>0.                                   | 26,862.<br>0.           | 228,230.<br>0.               | 0.<br>0.  |
| (3) MR. DANIEL B. GINIS<br>SENIOR VP AND CAO                   | (i) 151,450.<br>(ii) 0.                            | (ii) 7,925.<br>(iii) 0.             | (iii) 4,800.<br>(iii) 0.            | 2,290.<br>0.                                   | 25,641.<br>0.           | 192,106.<br>0.               | 0.<br>0.  |
| (4) DR. ROBERT FISHER<br>CHIEF SCIENTIFIC OFFICER              | (i) 137,040.<br>(ii) 0.                            | (ii) 5,660.<br>(iii) 0.             | (iii) 4,800.<br>(iii) 0.            | 4,609.<br>0.                                   | 21,910.<br>0.           | 174,019.<br>0.               | 0.<br>0.  |
| (5) DR. KELLEY MEYERS<br>VP OF VET CENTER OPERATIONS           | (i) 140,204.<br>(ii) 0.                            | (ii) 4,284.<br>(iii) 0.             | (iii) 3,600.<br>(iii) 0.            | 4,532.<br>0.                                   | 12,701.<br>0.           | 165,321.<br>0.               | 0.<br>0.  |
|  | (i)  |                                     |                                     |  |                         |                              |   |
|  | (ii)   |                                     |                                     |  |                         |                              |   |
|  | (i)  |                                     |                                     |  |                         |                              |   |
|  | (ii)   |                                     |                                     |  |                         |                              |   |
|  | (i)  |                                     |                                     |  |                         |                              |   |
|  | (ii)   |                                     |                                     |  |                         |                              |   |
|  | (i)  |                                     |                                     |  |                         |                              |   |
|  | (ii)   |                                     |                                     |  |                         |                              |   |
|  | (i)  |                                     |                                     |  |                         |                              |   |
|  | (ii)   |                                     |                                     |  |                         |                              |   |
|  | (i)  |                                     |                                     |  |                         |                              |   |
|  | (ii)   |                                     |                                     |  |                         |                              |   |
|  | (i)  |                                     |                                     |  |                         |                              |   |
|  | (ii)   |                                     |                                     |  |                         |                              |   |



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE MICHIGAN HUMANE SOCIETY PAYS MEMBERSHIP DUES FOR THE CEO TO BELONG TO

THE DETROIT ATHLETIC CLUB IN ORDER FOR HIM TO HOLD MEETINGS WITH KEY

INDIVIDUALS AND DONORS. THIS BENEFIT IS NOT INCLUDED AS TAXABLE

COMPENSATION FOR THE CEO.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**MICHIGAN HUMANE SOCIETY**

Employer identification number

**38-1358206**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               | X                          |   | 52,179.  | MARKET VALUE  |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 9   | 124,212.   | MARKET VALUE  |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  | X                          | 1   | 382,795.   | SELLING PRICE   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a | X   |    |
| 33  |     |    |

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

Schedule M (Form 990) (2016)

**Part II** **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.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS FOR DONATED SECURITIES AND FOOD INVENTORY.

SCHEDULE M, LINE 32B:

THE ORGANIZATION ENGAGES THIRD PARTIES TO SELL DONATED SECURITIES AND PROCESS CLOTHING DONATIONS.

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

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

MICHIGAN HUMANE SOCIETY

Employer identification number

38-1358206

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

ANIMALS.

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

DURING THE FISCAL YEAR ENDED 9/30/17, THE STAFF AND VOLUNTEERS PROVIDED

NUMEROUS EDUCATIONAL TOURS OF OUR FACILITIES AND VISITS TO SCHOOLS

REACHING 3,148 STUDENTS. PRESENTATIONS WERE MADE TO INDIVIDUALS OF

PRESCHOOL AGE UP TO SENIOR CITIZENS. PRESENTATIONS INCLUDE PROPER

TREATMENT AND CARE OF ANIMALS. THE HUMANE EDUCATION PROGRAM ALSO

EMPHASIZES THE IMPORTANCE OF SPAYING OR NEUTERING DOMESTIC COMPANION

ANIMALS FOR THEIR OWN HEALTH AND TO HELP REDUCE DOMESTIC ANIMAL

OVERPOPULATION.

DURING THE FISCAL YEAR ENDED 09/30/17, 3,865 LOW-COST VACCINATIONS WERE

GIVEN TO 2,235 ANIMALS WHOSE OWNERS DID NOT HAVE THE FINANCIAL ABILITY

TO PROVIDE VACCINATIONS FOR THEIR PETS. IN ADDITION, 528 WERE

MICROCHIPPED.

THE MICHIGAN HUMANE SOCIETY IS FORTUNATE TO HAVE NEARLY 900 ACTIVE

VOLUNTEERS ASSISTING IN DAILY OPERATIONS, ANIMAL CARE AND ENRICHMENT

PROGRAMS, SPECIAL EVENTS AND ADMINISTRATION. THESE DEDICATED

INDIVIDUALS CONTRIBUTED 46,553 HOURS TO MEET THE NEEDS OF ANIMALS AND

THE METRO DETROIT COMMUNITY.

DURING FISCAL YEAR 09/30/17, THE FOSTER PROGRAM WAS ABLE TO CARE FOR

2,083 ANIMALS. THE MAJORITY OF THOSE ANIMALS WERE PLACED IN FOSTER DUE

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

|   |  |
|---|--|
| Name of the organization<br>MICHIGAN HUMANE SOCIETY | Employer identification number<br>38-1358206 |
|---|--|

TO UPPER RESPIRATORY INFECTIONS. THE FOSTER PROGRAM HAD 225 VOLUNTEERS AS OF THE END OF FISCAL YEAR 2017.

THE MICHIGAN HUMANE SOCIETY CONTINUED THE FELINE STERILIZATION INITIATIVE TO HELP COMBAT PET OVERPOPULATION, MHS WAS ABLE TO PROVIDE LOW-COST STERILIZATIONS TO 5,353 FELINES DURING FISCAL YEAR ENDED 09/30/17. ADDITIONALLY THE PIT-BULL AND PIT-BULL MIX STERILIZATION PROGRAM PROVIDED 543 STERILIZATIONS FREE OF CHARGE.

DURING THE FISCAL YEAR ENDED 09/30/17, THE MICHIGAN HUMANE SOCIETY PROVIDED A COLLECTIVE OF SUPPORT PROGRAMS, CALLED KEEPING FAMILIES TOGETHER, DESIGNED TO STRENGTHEN THE BOND BETWEEN FAMILIES AND THEIR PETS. MHS ADMINISTERS A FREE PET FOOD BANK WHICH PROVIDED 7,368 PEOPLE WITH FOOD FOR THEIR PETS, SUPPORT AND ADVICE THROUGH OUR CALL CENTER WHICH TOOK A TOTAL OF 95,913 CALLS, AND ACCESS TO LOW COST VETERINARY CARE.

DURING THE FISCAL YEAR ENDING 09/30/17, MHS DELIVERED 9 LAW ENFORCEMENT TRAINING SESSIONS DESIGNED TO HELP FIRST RESPONDERS SAFELY RESPOND TO ANIMAL ENCOUNTERS IN THE FIELD. A TOTAL OF 169 OFFICERS ATTENDED THOSE TRAININGS, AND MHS EXPANDED THE PROGRAM'S GEOGRAPHIC SCOPE, TRAVELING TO JACKSON, GRAND RAPIDS, AND BRIGHTON WHILE ALSO CONTINUING TO EDUCATE OFFICERS IN THE METRO-DETROIT TRICOUNTY AREA.

AS IN PAST YEARS, 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 EVENT IN THE COUNTRY AND IS HOSTED BY THE MICHIGAN HUMANE SOCIETY. A TOTAL OF 1,245 ANIMALS FROM THE MICHIGAN

|   |  |
|---|--|
| Name of the organization<br>MICHIGAN HUMANE SOCIETY | Employer identification number<br>38-1358206 |
|---|--|

HUMANE SOCIETY AND DOZENS OF OTHER ANIMAL WELFARE ORGANIZATIONS WERE ADOPTED AT THE TWO EVENTS.

EXPENSES \$ 2,030,460. INCLUDING GRANTS OF \$ 36,527. REVENUE \$ 141,499.

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

THE INITIAL REVIEW OF THE FORM 990 IS DELEGATED BY THE BOARD OF DIRECTORS TO THE FINANCE COMMITTEE. EACH COMMITTEE MEMBER RECEIVES A DRAFT OF THE 990 FOR REVIEW; IT IS DISCUSSED AND APPROVED AT A MEETING PRIOR TO THE FILING DEADLINE. ONCE THE FINANCE COMMITTEE APPROVES THE 990, EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COPY. THE BOARD MEMBERS ARE ABLE TO PROVIDE FEEDBACK AND ASK QUESTIONS PRIOR TO THE RETURN BEING FILED. THE RETURN IS THEN SIGNED BY THE CFO AND FILED WITH THE DEPARTMENT OF TREASURY PRIOR TO THE FILING DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C:

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 REVIEWS 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:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF THE MICHIGAN HUMANE SOCIETY ANNUALLY REVIEWS THE PERFORMANCE OF THE CEO FOR COMPENSATION

|   |  |
|---|--|
| Name of the organization<br>MICHIGAN HUMANE SOCIETY | Employer identification number<br>38-1358206 |
|---|--|

PURPOSES. DURING THIS REVIEW, THE EXECUTIVE COMMITTEE, WHO ARE ALL INDEPENDENT OF THE MICHIGAN HUMANE SOCIETY, USES COMPARABILITY DATA TO DETERMINE THE COMPENSATION ARRANGEMENT FOR THE FOLLOWING YEAR FOR THE CEO.

FROM TIME TO TIME, THE MICHIGAN HUMANE SOCIETY HAS HAD COMPENSATION STUDIES PERFORMED TO DETERMINE WAGE RANGES FOR ALL EMPLOYEE LEVELS. IN ADDITION TO THE COMPENSATION STUDY, UPDATES ARE PROVIDED BY THE FIRM WHO COMPLETED THE COMPENSATION STUDY IN REGARDS TO INFLATIONARY ADJUSTMENTS, INDUSTRY WAGE AND SALARY DATA AND 990 INFORMATION, WHICH IS GATHERED TO COMPARE AND MAKE BASE WAGE ADJUSTMENTS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DOES NOT DETERMINE OTHER OFFICER AND/OR KEY EMPLOYEE COMPENSATION BASED ON COMPARABILITY DATA AND COMPENSATION STUDIES. THE BOARD CHAIR AND TREASURER REVIEW OTHER OFFICER AND/OR KEY EMPLOYEE COMPENSATION AFTER CEO DETERMINATION AND THE EXECUTIVE COMMITTEE HAS THE RIGHT TO ADJUST COMPENSATION AFTER THAT REVIEW HAS TAKEN PLACE.

EXECUTIVE COMMITTEE MEETING MINUTES DOCUMENTING THE DISCUSSION AND DECISIONS RELATED TO CEO COMPENSATION ARE RETAINED. DOCUMENTATION IS ALSO RETAINED IN EACH EMPLOYEE'S PERSONNEL FILE REGARDING ANY COMPENSATION CHANGES.

FORM 990, PART VI, SECTION C, LINE 19:

THE MICHIGAN HUMANE SOCIETY'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC THROUGH THE STATE OF MICHIGAN. COPIES OF THE ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INTEREST POLICY ARE PROVIDED UPON REQUESTS. FINANCIAL STATEMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|  |   |
|--|---|
| Name of the organization<br><b>MICHIGAN HUMANE SOCIETY</b> | Employer identification number<br><b>38-1358206</b> |
|--|---|

**CHANGE IN VALUE OF INTEREST IN CHARITABLE TRUSTS** **14,010.**

FORM 990, PART XII, LINE 2C:

THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



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

For calendar year 2016 or other tax year beginning OCT 1, 2016, and ending SEP 30, 2017

# 2016

Department of the Treasury  
Internal Revenue Service

▶ 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).

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |                     |   |  |
|---|---------------------|---|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3)<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) | Print<br>or<br>Type | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>MICHIGAN HUMANE SOCIETY</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>30300 TELEGRAPH ROAD, NO. 220</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>BINGHAM FARMS, MI 48025-4509</b> | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><b>38-1358206</b><br><br><b>E</b> Unrelated business activity codes (See instructions.)<br><b>452000 511120</b> |
|---|---------------------|---|--|

|  |   |  |
|--|---|--|
| <b>C</b> Book value of all assets at end of year<br><b>37,424,086.</b> | <b>F</b> Group exemption number (See instructions.)<br><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |  |
|--|---|--|

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

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **MATTHEW KUBLER** Telephone number ▶ **866-648-6263**

| Part I Unrelated Trade or Business Income   | (A) Income               | (B) Expenses  | (C) Net        |
|---|--------------------------|---------------|----------------|
| <b>1a</b> Gross receipts or sales <span style="float: right;"><u>21,198.</u></span>       |                          |               |                |
| <b>b</b> Less returns and allowances <span style="float: right;">c Balance ▶</span>       | <b>1c</b> <u>21,198.</u> |               |                |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>2</b> <u>12,241.</u>  |               |                |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                       | <b>3</b> <u>8,957.</u>   |               | <u>8,957.</u>  |
| <b>4a</b> Capital gain net income (attach Schedule D)                                     | <b>4a</b>                |               |                |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 | <b>4b</b>                |               |                |
| <b>c</b> Capital loss deduction for trusts  | <b>4c</b>                |               |                |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)            | <b>5</b>                 |               |                |
| <b>6</b> Rent income (Schedule C)   | <b>6</b>                 |               |                |
| <b>7</b> Unrelated debt-financed income (Schedule E)                                      | <b>7</b>                 |               |                |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | <b>8</b>                 |               |                |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | <b>9</b>                 |               |                |
| <b>10</b> Exploited exempt activity income (Schedule I)                                   | <b>10</b>                |               |                |
| <b>11</b> Advertising income (Schedule J)   | <b>11</b> <u>1,173.</u>  | <u>4,597.</u> | <u>-3,424.</u> |
| <b>12</b> Other income (See instructions; attach schedule)                                | <b>12</b>                |               |                |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>13</b> <u>10,130.</u> | <u>4,597.</u> | <u>5,533.</u>  |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.) | 21 | 22a | 22b           |
|---|----|-----|---------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)  |    |     |               |
| <b>15</b> Salaries and wages  |    |     |               |
| <b>16</b> Repairs and maintenance   |    |     |               |
| <b>17</b> Bad debts   |    |     |               |
| <b>18</b> Interest (attach schedule)  |    |     |               |
| <b>19</b> Taxes and licenses  |    |     |               |
| <b>20</b> Charitable contributions (See instructions for limitation rules)  |    |     |               |
| <b>21</b> Depreciation (attach Form 4562)   |    |     |               |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return   |    |     |               |
| <b>23</b> Depletion   |    |     |               |
| <b>24</b> Contributions to deferred compensation plans  |    |     |               |
| <b>25</b> Employee benefit programs   |    |     |               |
| <b>26</b> Excess exempt expenses (Schedule I)   |    |     |               |
| <b>27</b> Excess readership costs (Schedule J)  |    |     |               |
| <b>28</b> Other deductions (attach schedule)  |    |     |               |
| <b>29 Total deductions.</b> Add lines 14 through 28   |    |     | <u>0.</u>     |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  |    |     | <u>5,533.</u> |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30) <span style="float: right;"><b>SEE STATEMENT 1</b></span>   |    |     | <u>5,533.</u> |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  |    |     | <u>0.</u>     |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)   |    |     | <u>1,000.</u> |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32  |    |     | <u>0.</u>     |

**Part III Tax Computation**

|   |  |               |
|---|--|---------------|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: |  |               |
| <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):   | (1) \$ _____ (2) \$ _____ (3) \$ _____ |               |
| <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)  | \$ _____                               |               |
| (2) Additional 3% tax (not more than \$100,000)   | \$ _____                               |               |
| <b>c</b> Income tax on the amount on line 34  |  | <b>35c</b> 0. |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:  |  |               |
| <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)   |  | <b>36</b>     |
| <b>37 Proxy tax.</b> See instructions   |  | <b>37</b>     |
| <b>38 Alternative minimum tax</b>   |  | <b>38</b>     |
| <b>39 Tax on Non-Compliant Facility Income.</b> See instructions  |  | <b>39</b>     |
| <b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies   |  | <b>40</b> 0.  |

**Part IV Tax and Payments**

|  |            |              |
|--|------------|--------------|
| <b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | <b>41a</b> |              |
| <b>b</b> Other credits (see instructions)  | <b>41b</b> |              |
| <b>c</b> General business credit. Attach Form 3800   | <b>41c</b> |              |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)  | <b>41d</b> |              |
| <b>e Total credits.</b> Add lines 41a through 41d  |            | <b>41e</b>   |
| <b>42</b> Subtract line 41e from line 40   |            | <b>42</b> 0. |
| <b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) |            | <b>43</b>    |
| <b>44 Total tax.</b> Add lines 42 and 43   |            | <b>44</b> 0. |
| <b>45a</b> Payments: A 2015 overpayment credited to 2016   | <b>45a</b> |              |
| <b>b</b> 2016 estimated tax payments   | <b>45b</b> |              |
| <b>c</b> Tax deposited with Form 8868  | <b>45c</b> |              |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)  | <b>45d</b> |              |
| <b>e</b> Backup withholding (see instructions)   | <b>45e</b> |              |
| <b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)  | <b>45f</b> |              |
| <b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total  | <b>45g</b> |              |
| <b>46 Total payments.</b> Add lines 45a through 45g  |            | <b>46</b>    |
| <b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  |            | <b>47</b>    |
| <b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed   |            | <b>48</b> 0. |
| <b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid   |            | <b>49</b> 0. |
| <b>50</b> Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  |            | <b>50</b>    |

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

|  |     |    |
|--|-----|----|
| <b>51</b> At any time during the 2016 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
|  |     | X  |
| <b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.  |     | X  |
| <b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year  |     | \$ |

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

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **SENIOR VICE PRESIDENT AND CFO**

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

**Paid Preparer Use Only**

Print/Type preparer's name: **LYNNE HUISMANN** Preparer's signature: **LYNNE HUISMANN** Date: **08/15/18** Check  if self-employed PTIN: **P00053811**

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

Firm's address: **1098 WOODWARD AVE. DETROIT, MI 48226** Phone no.: **(313) 496-7200**

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

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

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

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

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

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

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

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

**Nonexempt Controlled Organizations**

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

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

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

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

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

**Schedule J - Advertising Income** (see instructions)

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

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

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

| 1. Name of periodical                    | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) <b>MICHIGANIMALS</b>                 | <b>1,173.</b>               | <b>4,597.</b>               | <b>-3,424.</b>   |                       |                     |   |
| (2)                                      |                             |                             |  |                       |                     |   |
| (3)                                      |                             |                             |  |                       |                     |   |
| (4)                                      |                             |                             |  |                       |                     |   |
| <b>Totals from Part I</b> .....          | <b>0.</b>                   | <b>0.</b>                   |  |                       |                     | <b>0.</b>   |
| <b>Totals, Part II (lines 1-5)</b> ..... | <b>1,173.</b>               | <b>4,597.</b>               |  |                       |                     | <b>0.</b>   |

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

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

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 12/31/07                          | 27,269.        | 19,615.                 | 7,654.         | 7,654.              |
| 12/31/09                          | 2,992.         | 0.                      | 2,992.         | 2,992.              |
| 09/30/13                          | 1,491.         | 0.                      | 1,491.         | 1,491.              |
| 09/30/14                          | 3,850.         | 0.                      | 3,850.         | 3,850.              |
| 09/30/15                          | 0.             | 1,062.                  | -1,062.        | -1,062.             |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 14,925.        | 14,925.             |

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  | Enter filer's identifying number  |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>MICHIGAN HUMANE SOCIETY</b>                                 | Employer identification number (EIN) or<br><b>38-1358206</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>30300 TELEGRAPH ROAD, NO. 220</b>                  | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>BINGHAM FARMS, MI 48025-4509</b> |  |

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 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**MATTHEW KUBLER**

• The books are in the care of ▶ **30300 TELEGRAPH ROAD SUITE 220 - BINGHAM FARMS, MI 48025**  
Telephone No. ▶ **866-648-6263** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **OCT 1, 2016**, and ending **SEP 30, 2017**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.