Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2012

A For the 2012 calendar year, or tax year beginning JUN 1, 2012 and ending MAY 31, 2013 B Check if applicable: Address change	17188 175,028.
Address change Change Change Charge C	17188 175,028.
Change Name Change	7188 175,028.
Name change linital return Terminated	7188 175,028.
Initial return Number and street (or P.0. box if mail is not delivered to street address) Terminated 13569 JOSEPH CAMPAU Room/suite E Telephone number (313) 891	7188 175,028.
Terminated 13569 JOSEPH CAMPAU (313) 891	175,028.
Amerided Other Control Control Other Othe	Yes X No
Application DETROIT, MI 48212 pending	
F Name and address of principal officer: LINDA TUTTLE for affiliates?	Vos No
SAME AS C ABOVE H(b) Are all affiliates included?	_ 162 NO
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see	instructions)
J Website: ► N/A H(c) Group exemption number	
K Form of organization: X Corporation	egal domicile: M I
Part I Summary	
Briefly describe the organization's mission or most significant activities: PREVENTION AND TREATMENT CABUSED ANIMALS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	<u> </u>
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	5
4 Number of independent voting members of the governing body (Part VI, line 1b) 4	5
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5	12
6 Total number of volunteers (estimate if necessary) 6	
7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.
	rrent Year
9 Contributions and grants (Post VIII line 1b)	400,113.
9 Program service revenue (Part VIII, line 2g)	23,308.
9 Program service revenue (Part VIII, line 2g) 28 , 420 • 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	230,430.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,978.	21,710.
	675,561.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
050 120	991,082.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
b Total fundraising expenses (Part IX, column (D), line 25)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 608,909.	604,878.
	595,960.
19 Revenue less expenses. Subtract line 18 from line 12	79,601.
	d of Year
	350,331.
21 Total liabilities (Part X, line 26)	73,123.
22 Net assets or fund balances. Subtract line 21 from line 20 4,925,162. 5,	277,208.
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.	ge and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Signature of officer Date	
Here LINDA TUTTLE, PRESIDENT	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check PT	IN
	244545
Preparer Firm's name ► FROHM KELLEY BUTLER & RYAN PC Firm's EIN ► 38-2	1488938
Use Only Firm's address 333 FORT STREET	
PORT HURON, MI 48060 Phone no. 810-98	7-2727
May the IRS discuss this return with the preparer shown above? (see instructions)	Yes No

Pai	Check if Schodule O centains a response to any question in this Part III	
1	Check if Schedule O contains a response to any question in this Part III	<u></u>
'	Briefly describe the organization's mission: TO MAINTAIN AND OPERATE A HOSPITAL, AMBULANCE AND VETERINARY SERV	TCES
	FOR THE CARE OF ANIMALS. THE MAINTENANCE AND OPERATION OF KENNEL	
	SUITABLE CHAMBERS FOR THE HUMANE DESTRUCTION OF WOUNDED ANIMALS.	S THID
	DOTINDED CHARDENS TON THE HOMENE DEDINGCTION OF WOONDED ANTENED.	
2	Did the organization undertake any significant program services during the year which were not listed on	
2		res X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	es LIL NO
3		res X No
3	7 71 0	es LIL NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experience of the program services as measured by experience of the program services as measured by experience of the program services.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	es, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,496,611 including grants of \$) (Revenue \$ 2	3,308.)
4a	(Code:) (Expenses \$1, 496, 611. including grants of \$) (Revenue \$2 TO MAINTAIN AND OPERATE A HOSPITAL, AMBULANCE AND VETERINARY SERV	
	FOR THE CARE OF ANIMALS. MAINTENANCE AND OPERATION OF KENNELS AN	
	SUITABLE CHAMBERS FOR THE HUMANE DESTRUCTION OF WOUNDED ANIMALS.	<u> </u>
	SUITABLE CHAMBERS FOR THE HUMANE DESTRUCTION OF WOUNDED ANIMALS.	
<u> </u>		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
	-	
4-1	Other and areas considered (Deposition in Cabady Ia O.)	
4d	Other program services (Describe in Schedule O.)	
1-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,496,611.	
40	<u> </u>	m 990 (2012)

232002 12-10-12 Form **990** (2012

Part IV | Checklist of Required Schedules

1 Is the organization described in section 501(c)(s) or 4947(a)(1) (other than a private foundation)? 1 I X 2 Is the organization region in order or indered profiled an appain activities on behalf of or in opposition to candidates for public office? If "I'es", complete Schedule C, Part II 3 X 4 Section 501(c)(3) organization. Dt the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes", complete Schedule C, Part II 5 Is the organization seatories 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 38 197 If "Yes", complete Schedule C, Part III 6 Did the organization in exection 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 38 197 If "Yes", complete Schedule C, Part III 7 Did the organization in exection of investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 8 X 8 Did the organization receive or hold a conservation easement, including easements to preserve open space. 9 The environment, historic land rates, or hattoric structures of "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art. historical treasures, or other similar assessity? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art. historical abuseues, or other similar assessity? If "Yes," complete Schedule D, Part II 10 Did the organization report an amount in Part X, line 21, for escrov or custodial account liability, serve as a custodian for amounts in soft bled in Part X, ine 107 If "Yes," complete Schedule D, Part V, II II II II X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V, II II II II X 11 Did the organization is abused in Part X, line 107 If "Yes," complete Schedule D, Part X II II II X				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributions 3 Did the organization engage in direct or indices to prictical political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 A Section 80 (L(S) organization. Did the organization engage in lobbying activities, or have a section 50 (In) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization asciton 50 (L(S), 50 (L(S), or 50 (L(S)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9 #19 If "Yes," complete Schedule C, Part III 6 Did the organization martial any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization martial any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization martial and collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization martial and partial p	1			37	
3 Dit the organization engage in disect or indirect political campaign activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part I at the complete Schedule C, Part II at the complete Schedule C,	0				
public office? If "Yes," complete Schedule C, Part I Section 501(R) great schemes. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II I we organization a section 501(c)(8, 501(c)(6), or 501			2	Λ	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization a section 501(c)(3), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96.197 If "Yes," complete Schedule C, Part II bridge organization market any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receiver or hold a conservation essement, including assements to preserve open space, the environment, instoric land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization for the Yes," complete Schedule D, Part III Did the organization of the Yes," complete Schedule D, Part III Did the organization and the part III P	3		3		х
during the tax year? If "Yes," complete Schedule C, Part II s is the organization a section Sol (c)(4), 501 (c)(6), or 501 (c	4				
5 Is the organization a section 601(c)(4), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 If "Yes," complete Schedule C, Part III old the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II old the organization meintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II old the organization meintain collections of works of art, historical ressures, or other similar assets? If "Yes," complete Schedule D, Part III old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III old the organization, directly or through a related organization, hold assets in temporarity restricted andowments, programation and tisted in Part X, inc. 21, for escrew or custodial account liability serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV old the organization, directly or through a related organization, hold assets in temporarity restricted andowments, programation assets as applicable. 10 Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part V old the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part V old the organization report an amount for investments in program related in Part X, line 10? If "Yes," complete Schedule D, Part V old the organization report an amount for other assets in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X organization selection in the In			4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 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? 10 Did the organization oreport 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? 11 If "Yes," complete Schedule D, Part IV 12 Did the organization asswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IVI, VI	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Pb Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X 11b X 11c X 11c X 11d X 1	Ū		8		х
10 Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	9				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 3 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X III 6 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X III 7 Did the organization of Separate or consolidated financial statements for the tax year include a footnote that addresses the organization sistenty for uncertain tax positions under FII N 8 (NSC 1470) If "Yes," complete Schedule D, Part X III 8 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 9 Did the organization in ask of the organization askered "No! to line 12a, then completing Schedule D, Parts X and XII III 10 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Sch		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X e Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d X e Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X 11d X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? If "Yes," complete Schedule G the United States? If "Yes," complete Schedule G the United States? If "Yes," complete Schedule G, Part II If X X X 15 Did the organization report on Part IX, col		If "Yes," complete Schedule D, Part IV	9		Х
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a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX f Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X f Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII is to the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional 12a X 13 Is the organization as school described in section 170(b)(1)(A)(ii) If "Yes," complete Schedule E 13 X 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization as eactivities outside the United States or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report a total of more than \$15,000 of expenses fo	11				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 11d X 12d Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XI I S 12d Did the organization and office, employees, or agents outside of the United States? If "Yes," complete Schedule E 13d X 12d Did the organization and office, employees, or agents outside of the United States? 14d X 12d Did the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Parts II and IV 11d Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15d Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the Uni	•				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXI f Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110	а		11a	х	
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d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part IX	С				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		complete Schedule G, Part III	19		
		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	(00 1 =

MICHIGAN ANTI-CRUELTY SOCIETY

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			Х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٠		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		-22
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2012)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Service The number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a 0 0 1b 0 0 0 1c 0 0 0 1c 0 0 0 1c 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V								
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the control of the degratation comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize wirmers? 2e Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 10 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If we cannot file the state of the organization file all required federal employment tax returns? 2c X Note. If the sum of lines 1s and 2s in greater than 250, you may be required to e-file gene instructions) 3b If we're the sum of lines 1s and 2s in greater than 250, you may be required to e-file gene instructions) 3b If we're the sum of lines 1s and 2s in greater than 250, you may be required to e-file gene instructions) 3b If we're the calendar year, did the organization of \$1,000 or more during the year? 3a If any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or country (such as a bank account, securities account, or other funnicial accounts) 4a If we're, enter the name of the foreign country. If we shall be a summary of the financial accountry of the financial Accounts. 5a Was the organization aprity to a prohibited tax shelter transaction at any time during the fax year? 5a Was the organization aprity to a prohibited tax shelter transaction? 5b If Yes, 'to the so or 5b, did the organization file Form 888617 6c If Yes, 'to the organization include with every solicitation an express statement that such contributions on gits were not tax deductibles a charatable contribution? 6c If Yes, 'to the organization include with every solicitation an express statement that such contributions or gits were not tax deductibles and explanation of the such accounts of the organization selec					Yes	No				
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	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U	•		(0040)				

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

	Check if Schedule O contains a response to any question in this Part VI				X
<u>Sec</u>	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	_5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form	? 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a					X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done				
13	Did the organization have a written whistleblower policy?				X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►MI				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s on	ly) availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
		n in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the organ	ization:	_	
	MICHIGAN ANTI-CRUELTY SOCIETY - 313-891-7188				
	13569 JOSEPH CAMPAU, DETROIT, MI 48212				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week	(do box	Positio (do not check mo box, unless perso officer and a direc			than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LINDA TUTTLE	20.00			ν,				22 400	0.	0
PRESIDENT (2) CINDY GIGLIOTTI	0.00			Х				23,480.	0.	0.
VICE-PRES.	0.00	ł		x				0.	0.	0.
(3) KAREN BENSON	0.00							0.	0.	0.
SECRETARY	0.00	1		х				0.	0.	0.
(4) PETER HALEY	20.00			Ё						
TREASURER				x				23,480.	0.	0.
(5) STEVE TUTTLE	0.00			4	-			,		
BOARD MEMBER			M					0.	0.	0.
(6) GEORGIANNA ALLUM	0.00									
BOARD MEMBER								0.	0.	0.
(7) ROBERT BENSON	0.00								_	_
BOARD MEMBER								0.	0.	0.
(8) MICHAEL D. ELIAS BOARD MEMBER	0.00							0.	0.	0.

Form 990 (2012)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c	ss pe	itior more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	an	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr organo	pensatiom the anization of the second the se	e on ed
		_											
		_											
1b Sub-total c Total from continuation sheets to Part						>		46,960.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		46,960.		0.			0.
Total number of individuals (including but compensation from the organization	not limited to tr	iose	IISTE	ed ar	DOV	e) wr	10 re	eceived more than \$100	J,000 of reportable			Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for								highest compensated e			3		Х
4 For any individual listed on line 1a, is the sand related organizations greater than \$1			omp	ensa	atior	n and	d otl	her compensation from	the organization	Ī	4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	~ .				•			ed organization or indiv			5		Х
1 Complete this table for your five highest of										pens	ation f	rom	
the organization. Report compensation for (A)	r the calendar y				vith	or w	ithir	(B)			(C		
Name and busines	s address	NO	INC	3				Description of s	services	C	ompei	nsation	1
Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se li: 0	stec	above) who received n	nore than				
											Form 9	9 90 (2	012

Ра	rt VI				5			
		Check if Schedule O cont	ains a response	to any question i	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts t	1 a	Federated campaigns	1a					·
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		3,686.				
s, G		Fundraising events						
Sift; ar /		d Related organizations						
s, (imil		Government grants (contribut						
tion r S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abo	ve 1f	1,396,427.				
d Otri	ç	Noncash contributions included in lines	1a-1f: \$					
a S	r	Total. Add lines 1a-1f		>	1,400,113.			
				Business Code				
ce	2 a	PET ADOPTION		900099	23,308.	23,308.		
Program Service Revenue	b	o						
n Si ent	c	=						
Jran Rev	c	d						
roc	€							
ъ.		All other program service reve						
		Total. Add lines 2a-2f			23,308.			
	3	Investment income (including		· .	121 622			101 (22
		other similar amounts)		. Г	121,633.			121,633.
	4	Income from investment of ta		· · · · · ·		/		
	5	Royalties						
		- Cuasa wanta	(i) Real	(ii) Personal				
	_	Gross rents Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
		a Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	2,596,917					
	r	Less: cost or other basis	, ,					
	_	and sales expenses	2,488,120					
		Gain or (loss)		_				
		d Net gain or (loss)		•	108,797.			108,797.
as l		Gross income from fundraisin						
ù		including \$						
eve		contributions reported on line						
F. F		Part IV, line 18	a	33,057.				
Other Revenue	k	Less: direct expenses	b	11,347.				
	c	Net income or (loss) from fund	draising events		21,710.			21,710.
	9 a	a Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-					
	10 a	a Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sale						
	44	Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
		d All other revenue						
	10	Total revenue See instructions		······ [1 675 561	23 308	0	252 140

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	omplete column (A).						
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 to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and		·		·					
	organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	46,960.	46,960.							
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	709,497.	709,497.							
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	160 100	160 100							
9	Other employee benefits	160,102.	160,102.							
10	Payroll taxes	74,523.	74,523.							
11	Fees for services (non-employees):									
а	Management	2 (05		2 605						
b	Legal	2,605.		2,605.						
С	Accounting	7,745.		7,745.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
40	column (A) amount, list line 11g expenses on Sch O.)	5,071.	507.		4,564					
12	Advertising and promotion	11,378.	307.	11,378.	4,504					
13	Office expenses	11,370.		11,570						
14	Information technology									
15	Royalties	93,814.	93,814.							
16	Occupancy	JJ,014.	73,014.							
17	Travel									
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials Conferences, conventions, and meetings									
19 20										
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	55,494.	55,494.							
23	Insurance	,	,							
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 0.)									
а	ANIMAL CARE - DIRECT	292,714.	292,714.							
b	INVESTMENT FEES	36,850.		36,850.						
С	PRINTING & PUBLICATIONS	22,461.	2,246.		20,215					
d	EQUIPMENT RENTAL & MAIN	18,790.	18,790.							
е	All other expenses	57,956.	41,964.	3,476.	12,516					
25	Total functional expenses. Add lines 1 through 24e	1,595,960.	1,496,611.	62,054.	37,295					
26	Joint costs . Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
22201) 12-10-12				Form 990 (2012					

Form 990 (2012)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to an	y ques	tion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			194,163.	1	218,635.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	25,882.
	5	Loans and other receivables from current and t					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqua					
		section 4958(f)(1)), persons described in sectio	n 4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
	9	Duran sid some server and defermed also server				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	727,747 481,547	•		
	b		10b	481,547	. 295,347.	10c	246,200. 4,859,614.
	11	Investments - publicly traded securities			4,494,966.	11	4,859,614.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			4,984,476.		5,350,331.
	17	Accounts payable and accrued expenses			59,314.	17	73,123.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former					
iab		key employees, highest compensated employe					
_		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, page 1)					
		parties, and other liabilities not included on line	s 17-24). Complete Part X of			
		Schedule D			F0 214	25	72 102
	26	Total liabilities. Add lines 17 through 25			59,314.	26	73,123.
		Organizations that follow SFAS 117 (ASC 95		ck here ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 a			1 066 162		E 210 200
<u>a</u> n	27	Unrestricted net assets				27	5,218,208.
Ва	28	Temporarily restricted net assets			59,000.	28	59,000.
pur	29			<u> </u>	39,000.	29	39,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95	8), check here 🕨 📖			
S		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or e				31	
Net	32	Retained earnings, endowment, accumulated in				32	5,277,208.
_	33	Total net assets or fund balances			4 004 476	33	5,277,208.
	34	Total liabilities and net assets/fund balances			4,704,4/0.	34	J,330,331.

Form **990** (2012)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,67		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,59	<u>5,9</u>	<u>60.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,92	<u>5,1</u>	<u>62.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	27	2,4	45.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,27	7 <u>,</u> 2	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	, , , , ,				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MICUICAN ANTI-CDITTINV COCTETY

Employer identification number 39-1/20301

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	rt I				atus (All organiz					tructions.					
	organ				se it is: (For lines										
1	\vdash	•			ssociation of chur		ribed in se	ection 170	(b)(1)(A)(i)).					
2	H				(A)(ii). (Attach Sc		i	470/51/41	(A.V:::)						
3	\vdash	•	•	•	/ice organization					/b\/4\/ A \/::	i) Entor:	th^	hoonita	l'e ner	mo
4	ш	city, and stat		on operate	ed in conjunction	with a HOS	pital desci	indea III Se	Caon 170	(D)(A)(II	ı). Enter	ше	поърна	ı 5 mar	п С ,
5		•		the henefit	t of a college or ur	niversity o	wned or or	nerated by	a doverni	mental uni	t describ	ned i	in		
J	ل		(b)(1)(A)(iv). (Cor			inversity Of	wilca oi o	Joi atou Dy	a governi	montal ulli	i deserib	,cu i			
6				•	governmental uni	t describe	d in sectio	n 170/h)/-	VAVA						
7	$\overline{\mathbf{x}}$	•	,		substantial part					or from the	general	nuh	olic desc	cribed	in
•		•	b)(1)(A)(vi). (Com		•	o, ito supp	ort nom a	9010111116			gonicial	Pul	4030		
8		-		-	· ··· <i>)</i> · 170(b)(1)(A)(vi). ·	(Complete	Part II.)								
9		-			(1) more than 33	-	-	rom contri	butions. m	nembershi	p fees. a	ınd d	gross re	ceipts	s from
		•	•		s - subject to certa							•	-	•	
					income (less sect										
			509(a)(2). (Comp												
10		An organizati	on organized and	d operated	exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).					
11		An organizati	on organized and	d operated	d exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	, or to carr	y out the	e pui	rposes	of one	or
		more publicly	supported orga	nizations o	described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se	ction 509(a	a)(3). Ch	eck	the box	that	
				7	zation and compl										
		a Type I		J Type II		ype III - Fu	,	J			e III - No			•	•
е					rganization is not										
					e or more publicly						9(a)(1) or	sec	tion 509	9(a)(2)	
f		· ·			termination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
			rganization, chec												Ш
9	l				ation accepted ar									Vac	T N =
					controls, either al ed organization?								110(i)	Yes	No
		_			ribed in (i) above?								11g(i) 11g(ii)		+-
					n described in (i) o								11g(iii)		+-
h	ı				the supported or								<u> </u>	'	
•						JQ.1.0111	\-J·								
(i) Name	of supported	(ii) EIN	(jii) T	pe of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) Is	the	(vii) Amoun	t of mo	onetarv
١,٠		anization	ation (described on lines 1-9		in col. (i) listed in your			organization in col.		on in col. ed in the .?	l `	•	port		
above or IRC section (see instructions)) governing document? (i) of your support?				U.S.	.?										
						Yes	No	Yes	No	Yes	No				
												_			
										-					

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	778,178.	687,450.	997,593.	1190411.	1423421.	5077053.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	778,178.	687,450.	997,593.	1190411.	1423421.	5077053.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						611,291.
6	Public support. Subtract line 5 from line 4.						4465762.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	778,178.	687,450.	997,593.	1190411.	1423421.	5077053.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	161,529.	153,554.	158,494.	133,341.	121,633.	728,551.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						5805604.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	171,504.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (ine 6, column (f) d	ivided by line 11, c	column (f))		14	76.92 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	61.02 %
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			►X
b	33 1/3% support test - 2011. If the o	organization did no	t check a box on I				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	_	> □
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization		· ·		,		
			,,	. , , ,		edule A (Form 990	

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

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

Calendary year (or fiscall year beginning in) Gifts, grants, contributions, and membership fees received. (On not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services permy admity that is reliated to the organization is tax-exempt purpose of Gross receipts from admissions, merchandise sold or services permy admity that is reliated to the organization is tax-exempt purpose of Gross receipts from admits that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization benefit and either paid to or expended on its behalf or expended on its expended on its behalf or expended on its expe	Section A. Public Support	now, produce comp	oroto i dit ii.j				
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross reselpts from admissions, merchandice sold or services per formed, or facilities turnished in any activity that is related to the organization is twe-empt purpose of the organization is the organization in the organization is the organization in the organization is the organization of the organization in the organization of the organization without change of Total Add Intel 1 through 5 7.3 Amounts included on lines 1, 2, and 3 received from disqualified persons between the organization without change of Total Add Intel 1 through 5 7.3 Amounts included on lines 1, 2, and 3 received from disqualified persons between the organization in the organization between the organization in the organization persons between the organization in the organization persons that exceed the grater of \$5,000 or 1% of the arrows the through the organization in the organization organization organization in the organization organization organization, check this box and stop here Section C. Computation of Investment Income Percentage 15 Public support percentage for 2012 (line to, column (f) divided by line 13, column (fi) 17 section organization		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
membership feas received. (Do not included any functional part included and functional part included and functional part included and functional part included any functional part included and functional part included any functional part included an	· · · · · · · · · · · · · · · · · · ·		, ,	` ′	()	` ′	.,
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or or expended on its behalf or or expended on its behalf or the organization without charge 6 Total. Add lines 1 through 5 7 Ta A mounts included on lines 1 2, 2 and 3 received from disqualified persons by a form disqualified persons by a form disqualified persons and a received from disqualified persons and a received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount or line 1 to the bysis of the organization organization of the organization organization organization organization organization organization organization organization organi	, ,						
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2012

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DOMBROWSKI	229,323.	113,211
HAYCOCK	177,760.	61,648
DUFFY	200,000.	83,888
NEWNAN	332,766.	216,654
SINGELYN	147,000.	30,888
KNEVALS	221,114.	105,002.
Total Excess Contributions to Schedule A, Part II, Line 5		611,291.

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

Department of the Treasury Internal Revenue Service ► A

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2012

Name of the organization

| 20

MICHIGAN ANTI-CRUELTY SOCIETY

38-1420301

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	or 990-EZ	X = 501(c)(-3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	· -	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is checked purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively
		e, etc., contributions of \$5,000 or more during the year \$\ \text{square} state is not covered by the General Rule and/or the Special Rules does not file 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) (2012)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

MICHIGAN ANTI-CRUELTY SOCIETY

38-1420301

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADELAIDE FELLMAN TRUST 13569 JOSEPH CAMPAU DETROIT, MI 48212	\$ 65,436.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BURT FOUNDATION		Person X
	13569 JOSEPH CAMPAU DETROIT, MI 48212	\$ 30,000.	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	IRVEN DEVORE ESTATE 13569 JOSEPH CAMPAU DETROIT, MI 48212	\$ 29,617.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DUFFY FOUNDATION 13569 JOSEPH CAMPAU DETROIT, MI 48212	\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	EDNA NEWNAN TRUST 13569 JOSEPH CAMPAU DETROIT, MI 48212	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	EDITH SINGELYN		Person X
	13569 JOSEPH CAMPAU	\$ 122,000.	Payroll Noncash (Complete Part II if there
	DETROIT, MI 48212	Ochodula D (Farm	is a noncash contribution.)

Name of organization

Employer identification number

MICHIGAN ANTI-CRUELTY SOCIETY

38-1420301

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHARLOTTE NOWINSKI 13569 JOSEPH CAMPAU DETROIT, MI 48212	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DOROTHY HAYCOCK TRUST		Person X Payroll
	13569 JOSEPH CAMPAU DETROIT, MI 48212	\$ 177,760.	Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PHYLLIS KORN TRUST 13569 JOSEPH CAMPAU DETROIT, MI 48212	\$ 59,065.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	LOIS MAE MURRAY 13569 JOSEPH CAMPAU DETROIT, MI 48212	\$91,222.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JEAN WHITEHEAD MACLELLAN TRUST 13569 JOSEPH CAMPAU DETROIT, MI 48212	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization Employer identification number

MICHIGAN ANTI-CRUELTY SOCIETY

38-1420301

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
202452 12 21		\$Sahadula B /Form 0	90 990-F7 or 990-PF\ (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number MICHIGAN ANTI-CRUELTY SOCIETY 38-1420301 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

MICHIGAN ANTI-CRUELTY SOCIETY

Employer identification number 38-1420301

Par	tΙ	Organizations Maintaining Donor Advised	l Funds or Other Similar Fund	s or A	ccounts.Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(k) Funds and other accounts
1	Total	number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised fund	ds
	are th	e organization's property, subject to the organization's e	xclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
	imper	missible private benefit?			Yes No
Par	t II	Conservation Easements. Complete if the orga			
1	Purpo	se(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an h	istorically	y important land area
		Protection of natural habitat	Preservation of a cer	rtified his	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a co	nservation easement on the last
	day o	the tax year.		_	
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organi	ization during the tax
	year 🕽	·			
4	Numb	er of states where property subject to conservation ease	ement is located		
5		the organization have a written policy regarding the period			
	violati	ons, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements	during th	ne year 🕨
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above			
	and s	ection 170(h)(4)(B)(ii)?			Yes
9	In Par	t XIII, describe how the organization reports conservation	n easements in its revenue and expens	se staten	nent, and balance sheet, and
	includ	e, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the org	anization's accounting for
D		rvation easements.	Ast Historia d Tonganous and	211 6	North and Associated
Par	t III	Organizations Maintaining Collections of		otner s	Similar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC	•		·
		cal treasures, or other similar assets held for public exhil		ance of p	public service, provide, in Part XIII,
		xt of the footnote to its financial statements that describe			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of p	ublic ser	vice, provide the following amounts
		g to these items:			
		evenues included in Form 990, Part VIII, line 1			
_					
2		organization received or held works of art, historical treas		ial gain, p	provide
		llowing amounts required to be reported under SFAS 110	· ·		. .
		nues included in Form 990, Part VIII, line 1			
b	Asset	s included in Form 990, Part X			▶ \$

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

		ANTI-CRU				0.11 (L Page 2
Pai	rt III Organizations Maintaining Co								
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	are a signi	ficant use of its	collection	n items
	(check all that apply):								
а	Public exhibition	d			hange progra				
b	Scholarly research	е	(Other					
С	Preservation for future generations								
4	Provide a description of the organization's coll	lections and explai	n how th	ey further t	he organization	n's exemp	t purpose in Par	t XIII.	
5	During the year, did the organization solicit or							_	
_	to be sold to raise funds rather than to be main							Yes	└── No
Pai	rt IV Escrow and Custodial Arrang		ete if the	organizatio	on answered "	Yes" to For	m 990, Part IV,	line 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for o	contributior	ns or other ass	sets not inc	luded	_	
	on Form 990, Part X?							∐ Yes	└── No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the fo	llowing t	able:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on For	m 990, Part X, line	21?				∟	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII. C								
Pai	rt V Endowment Funds. Complete if t	the organization an	swered	"Yes" to Fo					
		(a) Current year	(b) P	rior year	(c) Two years	s back (d)	Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	nt year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiz	ation tha	t are held a	and administer	ed for the	organization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	lule R?				. 3b	
4	Describe in Part XIII the intended uses of the								
Paı	rt VI Land, Buildings, and Equipme	ent. See Form 990), Part X,	line 10.					
	Description of property	(a) Cost or o			t or other	(c) Accu		(d) Book	value
		basis (investr	ment)		(other)	depre	ciation		
	Land				3,452.				3,452.
	Buildings			40	7,799.	30	9,437.	98	3,362.
	Leasehold improvements								
d	Equipment				8,643.		4,932.		3,711.
	Other				7,853.		7,178.		675.
Tatal	1 Add lines to through to (Column (d) must ea	ual Form OOA Dort	V colum	on (D) line	10(0)		▶	2/1/	5 200.

Part VII Investments - Other Securities. See	Farma 2000 Bart V line 4	2	e e = = = e e = Tage e
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) = 1 1 1 1 1 1	(b) book value	(c) Method of Valuation. Cos	st or end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			1
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			▶
Part X Other Liabilities. See Form 990, Part X, li	ne 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		

2. FIN 48 (ASC 740) Footnote. In Part 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

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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

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

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

Open To Public Inspection

Employer identification number Name of the organization MICHIGAN ANTI-CRUELTY SOCIETY 38-1420301 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 01-07-13

10251021 758711 133

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

Schedule G (Form 990 or 990-EZ) 2012

	edu ı rt İ	lle G (Form 990 or 990-EZ) 2012 MICHIGA				-1420301 Page 2
Pa	II L	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or fulfidialsing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			POOCH PRANCE		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	33,057.	, ,,	·	33,057.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	33,057.			33,057.
	4	Cash prizes				
		•				
S	5	Noncash prizes				_
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				11,347
	10				>	(11,347.
	11	Net income summary. Combine line 3, colum	n (d), and line 10			21,710.
Pa	ırt		answered "Yes" to Form 9	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(1) Dull take (instent		1,0=
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
	Ė	CI GGG TOVOTIGG				
S	2	Cash prizes				
Expenses	3	Noncash prizes				
Ή. Ex	_					
Direct	4	Rent/facility costs				_
	5	Other direct expenses				
		Mehantasalahan	Yes %	Yes %	Yes %	
	٥	volunteer labor	No I	NO	L NO	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	(
	8	Net gaming income summary. Combine line	1, column d, and line 7		>	
9	Fn [.]	ter the state(s) in which the organization opera	ites gaming activities:			
		the organization licensed to operate gaming a		ates?		Yes No
		No," explain:				·
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or teri	minated during the tax v	/ear?	Yes No
		Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

Sch	edule G (Form 990 or 990-EZ) 2012 MICHIGAN ANTI-CRUELTY SOCIETY 38-	1420301	L Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	└── No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	1 1	
	The organization's facility	13a	%
	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 \blacktriangleright \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
	Address P		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
D			
Da	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (i		
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	<u>ງກ (see instru</u>	ctions).
_			

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization MICHIGAN ANTI	-CRUELTY SOCI	ETY			420301	number
FORM 990, PART VI, SECTION B,	LINE 11: THE	BOARD OF	DIREC'	rors a	RE ALL	
GIVEN COPIES OF THE AUDITED F	INANCIAL STAT	EMENTS AND	A CO	PY OF	THE 990	то
REVIEW PRIOR TO FILING THE RE	TURN.					
FORM 990, PART VI, SECTION C,	LINE 19: ALI	RECORDS A	RE KE	PT ON	FILE ANI)
ARE AVAILABLE TO THE PUBLIC D	URING NORMAL	BUSINESS H	ours.			
FORM 990, PART XI, LINE 9, CH	ANGES IN NET	ASSETS:				
NET UNREALIZED GAIN ON INVEST	MENTS				272	445.
THE PROCESS HAS NOT CHANGED F	ROM THE PRIOF	YEAR.				

Deprec	iation and Amortiza	ation Detail E	FORM 990 PAGE	10		990
A t			Description	of property		
Asset Number	Date placed IRC sec.	Life Line or rate No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	in service "10 5551	or rate No.	บแบบ มิสราร	reduction	depreciation/amortization	ueduction
	BUILDINGS		1			
1	BUILDING IMP	L L L L L L L L L L L L L L L L L L L	<u> </u>			
_	VARIESSL	20.0016	53,861.		53,861.	0.
2	BUILDING IMP			I	, , , , ,	
	VARIESSL	10.0016	68,432.		68,432.	0.
13			TOR IMPROVEME	NTS	10.001	
22	11,30,94SL	10.0016	13,255.		12,991.	0.
22	RENOVATIONS 12,01,95 SL	10.0016	8,010.		8,010.	0.
2.3	BEUTHANASIA RO				0,010.	0.
	11,01,96SL	10.0016	908.		909.	0.
24	EUTHANASIA R	OOM - FLO				
	11 ₀ 1 ₉ 6 SL	10.0016	2,687.		2,690.	0.
27	RADIANT HEAT	400046			6 440	
4.5	09 ₀ 1 ₉ 7 _{SL}	10.0016	6,444.		6,440.	0.
45	CEMENT FLOOR	10.0016	7,550.		7,550.	0.
47	REBUILD INCE		1,550•		7,330•	0.
	05,22,03SL	10.0016	4,023.		3,818.	205.
51	13570 JOSEPH					
	01 ₁ 19 ₁ 05 SL	10.0016	78,746.		57,750.	7,875.
57	NEW ROOF	400046	00.400		26 104	0.041
	10 ₀ 08 ₀ 7 SL	10.0016	80,408.		36,184.	8,041.
50	01,21,08SL	10.0016	12,100.		5,445.	1,210.
6.6	INCENERATOR :		12,100		3,4434	1,210.
	10,22,08SL	10.0016	48,116.		16,842.	4,812.
67	CABINETS - E			•		
	03 ₀ 2 ₀ 9 _{SL}	10.0016	7,297.		2,555.	730.
68	FRONT DOOR	40 0046	0 100		884	0.00
7.4	04 ₀ 1 ₀ 9 _{SL} CAT ROOM CEI	10.0016	2,199.		771.	220.
/4	04,27,11SL	10.0016	4,590.		688.	459.
81	SECURITY SYS		1,3500		000.	437.
	091911SL	10.0016	2,160.		107.	216.
82	NEW DOOR					
	10 ₁ 10 ₁ 11 _{SL}	10.0016	2,769.		137.	277.
86	EUTHANASIA RO					212
	062512SL * 990 PAGE 1	10.0016	4,246.			212.
	JOU FAGE I	TOTAL I	407,801.	0.	285,180.	24,257.
	MACHINERY &	EQUIPMENT		<u> </u>	20072001	21,23,7
4	COLLECTION C					
	07 ₁ 23 ₁ 93 SL	10.0016	1,504.		1,500.	0.
5	EQUIPMENT VARIESSL	10.0016	20,292.		20,292.	0.
14	LIFT TABLE,				40,434.	U •
	11,30,94SL	10.0016	2,859.	T	2,859.	0.
21	HEATER		, , , , , ,			
	04 ₀ 1 ₉ 6 SL	10.0016	2,450.		2,450.	0.
25	SECURITY CAM		2 222		2 222	
216261	08 ₀ 1 ₉ 6 _{SL}	10.0016	3,099.	(D) Asset dispes	3,099.	0.

216261 05-01-12

^{# -} Current year section 179 (D) - Asset disposed

eprec	Description of property											
Asset												
lumber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction				
26	EUTHANAS			TAB			2 0 0 0					
2.0	01,01,97		10.00	16	3,270.		3,270.					
∠8	HYDRAULI 12,01,97		10.00	16	1,141.		1,141.	(
3.8	STYLUS 6				1,141•		1,141•					
30	01,19,00		5.00		184.		184.					
39	BROTHER		<u> </u>	<u>- • </u>								
	01,29,00		5.00	16	204.		204.					
40	MAYTAG D			•	•		•					
	07 ₁ 21 ₁ 00				1,330.		1,330.					
41	ROOF HEA											
	11 ₁ 17 ₀ 00		10.00	16	4,650.		4,650.					
42	WASHING			4 6 1	1 105		1 405					
1.0	020901	.SL	10.00	Τ6	1,495.		1,495.					
40	VCR 01 ₀ 01 ₀ 02	lat	10.00	16	724.		720.					
/1 0	FURNACE	рп	до.00	Τ0	/ 44 •		120•					
- 2	122002	est.	10.00	16	6,250.		5,937.	31				
52					570 JOSEPH CAI	MPAU	373374	31				
-	05,13,05		10.00		1,600.		1,133.	16				
53	DELL COM				•		,					
	07,16,04		4.00	16	1,326.		1,326.					
56	PORTABLE											
	12 26 06		10.00	16	370.		204.	3				
60	WASHER &			4 6 1	4 500 1		0.406					
<u> </u>	010208	SSL	10.00	16	4,680.		2,106.	46				
ρТ	PHONES 0 3,1 7,0 8	lat	10.00	16	304.		135.	3				
62	CEILING		до.00	10	304.		133.	3				
02	04,07,08		10.00	16	334.		149.	3				
63	COPIER	<u> </u>			5521							
	05,01,08	SL	10.00	16	6,517.		2,933.	65				
64	FREEZER						,					
	09,17,07	'SL	10.00	16	15,280.		6,875.	1,52				
69	SAFE											
	06 ₁ 30 ₁ 08		10.00	16	439.		155.	4				
70	DELL COM			1 7	1 204		1 1 1 1 1 1 1	1 -				
7 2	091708 EUTHANAS		4.00	ТО	1,294.		1,135.	15				
/ 4	05 ₀ 310		10.00	16	3,926.		828.	39				
73	SCALE	ъп	до.00	10	3,940•		020•	33				
, 5	08,31,09	IST.	10.00	16	840.		364.	8				
75	DELL COM				0 2 0 1		3020					
	06,28,10		4.00	16	1,280.		479.	32				
76	CELL PHO				•							
	08,16,10		4.00		556.		208.	13				
77	GAS STAC											
	10 ₀ 06 ₁ 0		10.00	16	1,055.		159.	10				
78	SECURITY			1 - 1	0 500		140					
70	112910		10.00	ΤР	2,730.		410.	27				
79	DIGITAL 12,28,10		4.00	16	174.		66.	4				
Ω /	APPLIANC		± • 0 0	Τ0	1/4.		00.	4				
0 4	11/28/11		10.00	16	980.		49.	9				
261		.			- Current year section 179	(D) - Asset dispo						

216261 05-01-12

^{# -} Current year section 179 (D) - Asset disposed

Deprec	iation and Ar	mortiza	tion De	tail F	ORM 990 PAGE	10		990
A +					Description	of property		
Asset Number	Date	Method/	Life	Line	Cost or	Basis	Accumulated	Current vear
	placed in service	IRC sec.	or rate	No.	other basis	reduction	depreciation/amortization	Current year deduction
85	MODERN B							
	05 ₁ 30 ₁ 12		4.00	16	578.		72.	145
87	FRONT LO							
	01/24/13	SL	10.00	16	980.			49
88	WASHER	СТ	10.00	11 6	1,121.	I		56
	05 ₂ 0 ₁ 3	_{으므} CF 10			ACHINERY & EQ	<u> </u> IIT DMFNITI		50
	J J J I A	95 10	1012	 	95,816.	0.	67,917.	5,127
	TRANSPOR	TATIO	N EOU	IPM			0,752,0	3,11,
					-			
65	2008 VAN		•	•				
	04 01 08		4.00		22,708.		22,708.	C
71	2010 GMC							
0.0	021010		4.00	16	44,196.		27,623.	11,049
80	2011 SAV			11 C	41 102		15 414	10 276
	01 ₂ 5 ₁ 11	<u>БЬ</u> СБ 10		16	41,103. RANSPORTATION	EOIIT DMENIII	15,414.	10,276
	- 990 PA	GE IU	TOTA	<u>т</u>	108,007.		65,745.	21,325
	PROGRAM	SERVI	CES		100,007.	•	05,745.	21,525
16	LAND & C	ONSTR	UCTIC	N I	N PROCESS			
	VARIES	L			63,452.			C
83					IMPROVEMENTS			
	09,15,11		10.00		47,853.		2,393.	4,785
	* 990 PA	GE 10	TOTA	L P	ROGRAM SERVIC		0 202	4 705
	* CRAND	шОшит	000	DAC	111,305. E 10 DEPR	0.	2,393.	4,785
	GRAND	TOTAL	1 990	TAG	722,929.	0.	421,235.	55,494
					722,323.		421,233	33, 131
				_				
			T .					
				\perp				
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16261				#	- Current year section 179	(D) Asset dispos	sed	