EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Inspection Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2021 calendar year, or tax year beginning and e	ending			
3 Ch	neck if plicable	C Name of organization		D Employer identific	ation number	
	Addres change			20 460454		
	Name change			38-160154		
	Initial return Final	7005 W CRAND RIVER AVENUE	Room/suite	E Telephone number 517-626-6821		
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 4,513,617.		
	Amend return	ed LANSING, MI 48906		H(a) Is this a group return		
	Applica tion pendin	F Name and address of principal officer: JULIA WILLSON			? Yes X No	
		SAME AS C ADOVE		H(b) Are all subordinates ind		
I T	ах-ехе	empt status: X 501(c)(3) 501(c) ()	r 527		list. See instructions	
		e: WWW.CAHS-LANSING.ORG	I Veer	H(c) Group exemption	State of legal domicile: MI	
		organization: X Corporation	L Year	or formation. 1930 W	State of legal doffliche. 111	
га	rt I	Briefly describe the organization's mission or most significant activities:				
9	1	ANIMAL SHELTER AND ADOPTION SERVICES				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.	
err				3	12	
မ်		Number of independent voting members of the governing body (Part VI, line 1b)			12	
જ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			90	
ties		Total number of volunteers (estimate if necessary)			50	
ξ		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
A		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
_		Net diffoldated business taxable meeting new		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,548,337.	3,008,600.	
		Program service revenue (Part VIII, line 2g)	1	932,299.	1,052,476.	
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		101,252.	181,256.	
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,185.	26,943.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,608,073.	4,269,275.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)	4	0.	0.	
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,693,149.	1,933,391.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
oeu	b	Total fundraising expenses (Part IX, column (D), line 25) 345,97	76.			
EX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,151,442.	1,294,010.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,844,591.	3,227,401.	
		Revenue less expenses. Subtract line 18 from line 12		763,482.	1,041,874.	
- Se			Ве	ginning of Current Year	End of Year	
ets (20	Total assets (Part X, line 16)		7,215,931.	8,253,013.	
Assi	21	Total liabilities (Part X, line 26)		472,560.	474,598.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		6,743,371.	7,778,415.	
Pa	art II	Signature Block				
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	<u> </u>	
		V 7008101018010		6/30/	52	
Sig	n	Signature of officer		Date		
Her		JULIA WILLSON, PRESIDENT & CEO				
		Type or print name and title		D-1- T	T DTIM	
		Print/Type preparer's name Preparer's signature	i	Date Check	PTIN	
Paid	d	NATOSHA CARR NATOSHA CARR	(06/30/22 self-employ		
	parer	Firm's name CLARK, SCHAEFER, HACKETT & CO.		Firm's EIN ▶	31-0800053	
	Only	Firm's address 3505 COOLIDGE RD.			48) 054 5500	
	_	EAST LANSING, MI 48823		Phone no. (5	17)-351-5508	
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No	

Form 990 (2021)

Total program service expenses

including grants of \$

2,658,342.

Form	990 (2021) INGHAM COUNTY HUMANE SOCIETY 38-1601	542	Pa	ige 3
Par	300 (2021)			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	.	x	
	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		X
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schodula D. Part III	8		X
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 counseling, debt management, credit repair, or debt negotiation services?			v
	If "Ves." complete Schedule D. Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.	625.00.00		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	X	1
	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	11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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			
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII	12a	X	├ ─
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1,7
	If "Yes " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		122
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	13		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	1	х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	<u> </u>		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
	1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III	20a		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on part ix, column vy, time 1: 11 Tes, complete ochoodic i, ratio ratio ii minimination de		000	(2021)

Form	990 (2021) INGHAM COUNTY HUMANE SOCIETY 38-1601	.542	Pa	age 4
	t IV Checklist of Required Schedules (continued)			(477-347)
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			77
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u>X</u>
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			х
	Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	
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			v
	Schedule I Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			- v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		1	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes " complete Schedule L. Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1		37
	"Ves " complete Schedule I . Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Ves " complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UL.	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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			l
04	Part V, line 1	34	_	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	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?		1	200
30	If "Yes," complete Schedule R, Part V, line 2	36	4_	X
07	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
00	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
38	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance			
. 6	Check if Schedule O contains a response or note to any line in this Part V			
-	Official In Confederate Confed		Yes	No
4	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5		
78	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		

				Yes	No	
b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	1a 5 1b 0 portable gaming	1c	X	(2021)	
	200		Form	330	(2021)	

| Form 990 (2021) | INGHAM COUNTY HUMANE SOCIETY | Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 2a 90									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<u>X</u>						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		<u>X</u>						
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
6a	any contributions that were not tax deductible as charitable contributions?	6a		X						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
D	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
-	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	N/	X						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business heldings at any time coming or year.	8								
9	Sponsoring organizations maintaining donor advised funds. N/A N/A	9a								
а	Did the sponsoring organization make any taxable distribution	9b	<u> </u>							
b	Did the sponsoring organization make a distribution to a density density at the sponsoring organization make a distribution to a density density at the sponsoring organization make a distribution to a density density at the sponsoring organization make a distribution to a density density at the sponsoring organization make a density density at the sponsoring organization make a density density at the sponsoring organization and the sponsoring	30								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
b										
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			•						
a	the second of th									
b	amounts due or received from them.)									
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	N/A 12h									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a								
_	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	-								
С	Enter the amount of reserves on hand			v						
14a		14a	-	X						
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
excess parachute payment(s) during the year?										
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
	If "Yes," complete Form 4720, Schedule O.		48.5%							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	activities triat would result in the imposition of an excellent extension as a second second in the imposition of an excellent extension as a second second in the imposition of an excellent extension as a second	17								
	If "Yes," complete Form 6069.	For	n 99 0	(2021)						
1000	ve 40.00.31			, ,						

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2021.04000 INGHAM COUNTY HUMANE SOCI 40000341

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
12	Enter the number of voting members of the governing body at the end of the tax year						
ıu	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?	8b	X	Ь—			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	_			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		-			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X	-			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37				
	on Schedule O how this was done	12c	X	-			
13	Did the organization have a written whistleblower policy?	13	X	-			
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	1			
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			\ v			
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b	<u> </u>				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►MI			h-1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	avalla	rpie			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)		_+_+				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	CINDY SHORTZ - 517-626-6821						
	7095 W. GRAND RIVER, LANSING, MI 48906						

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per week	box, unles		ss per id a di	son is	s both r/trus	an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	ndividual trustee or director	یو			ated		organization	(W-2/1099-MISC/	from the
	related	stee	truste		eg.	pens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tri	tional		nploye	st com	L	1099-NEC)		organizations
	line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA WILLSON	40.00									
PRESIDENT & CEO			L	X				109,484.	0.	5,281.
(2) JENNIFER MARCH	2.00									
CHAIRPERSON		X		X				0.	0.	0.
(3) JULIE COOPER	1.00									•
VICE CHAIRPERSON		X		X			_	0.	0.	0.
(4) CLAYTON STIFFLER	2.00									
TREASURER		X		X	_		_	0.	0.	0.
(5) PAM HARDEN	1.00									0
SECRETARY		X	_	X	_	_	_	0.	0.	0.
(6) MARK LOCKWITZ	1.00									
MEMBER		X			_	_		0.	0.	0.
(7) CHERYL FRITZ	1.00									
MEMBER		X		_	_			0.	0.	0.
(8) PAM AMATO	1.00								_	
MEMBER		X	_			_	_	0.	0.	0.
(9) MICHAEL BEEBE	1.00	l							_	_
MEMBER		X	_				_	0.	0.	0.
(10) CHRIS METTS	1.00								_	_
MEMBER	1 00	X	_	_	_			0.	0.	0.
(11) LISETTE POLETES	1.00							0.	0.	0.
MEMBER	1 00	X	-	<u> </u>	_	_	-	0.	0.	0.
(12) JOELLYN TUCKER	1.00	1,,						0.	0.	0.
MEMBER	1 00	X	-	_	\vdash	-	_	0.	0.	0.
(13) AMANDA JURCISIN	1.00							0.	0.	θ.
MEMBER		X	-	⊢	_	-	_	0.	0.	₹.
		ł								
				<u> </u>	-	-				
		\vdash	\vdash	-	-	-	-			

132007 12-09-21

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			_ (0				(D)	(E)		(F)
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		stimated
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	a	mount of
	week		cer ar	d a di	ecto	rrus	(66)	from	from related	5.55 79.00	other
	(list any hours for	individual trustee or director		20				the	organizations	1000 10 1	npensation
	related	or di	9			ated		organization	(W-2/1099-MISC/	1	from the
	organizations	ustee	trust		, e	suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ganization nd related
	below	ual tr	tional		ploye	t con	_	1099-1120)			ganizations
	line)	pivipu	Institutional trustee	Officer	Key employee	Highest compensated employee	Рот тег			0.,	yai iizatioi io
		Ī	-	0	~	_ a	_				
		_			_						
		1									
			-							+	
		1									w
		\vdash								+	-,
										_	
		1									
	<u> L</u>			L				109,484.	0		5,281.
1b Subtotal								0.			0.
c Total from continuation sheets to Part V								109,484.	0		5,281.
d Total (add lines 1b and 1c)										•	3,201.
2 Total number of individuals (including but r	not limited to th	ose	liste	o ac	ove) WII	o re	eceived more trian \$100,	000 of reportable		1
compensation from the organization									TOP THE TAX TO SERVE TH		Yes No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	such individual									3	X
4 For any individual listed on line 1a, is the s	um of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	100000	
and related organizations greater than \$15	0,000? If "Yes,	" со	mpl	ete S	Sche	edule	J f	for such individual		. 4	X
5 Did any person listed on line 1a receive or	accrue comper	ısati	on f	rom	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes." con	nplete Schedul	e J f	or st	ıch <u>ı</u>	oers	on .				. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	lene	nde	nt cr	ontra	acto	rs th	nat received more than 9	5100,000 of comper	sation f	rom
the organization. Report compensation for											
(A)								(B)			(C)
Name and business	address	N	INC	<u> </u>			\dashv	Description of s	services	Comp	ensation
							\dashv				
2 Total number of independent contractors (includina but n	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than		
\$100,000 of compensation from the organ		"			(•					000 (2224)

38-1601542

r ai	•	•••	Otalement of Nevende		o in this Dort VIII			
			Check if Schedule O contains a response of	or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
				40.000				560110115 512 - 514
ts ts	1	a	Federated campaigns 1a	49,282.			300	
rar		b	Membership dues 1b		1		-1144	4
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events1c	181,578.				
E E		d	Related organizations 1d					
[%]		е	Government grants (contributions) 1e	335,372.			22.666.066	
ë is		f	All other contributions, gifts, grants, and					
EEE			similar amounts not included above 1f 2,	442,368.				100000000000000000000000000000000000000
はは			Noncash contributions included in lines 1a-1f 1g \$	6,720.				
Sag		•	Total. Add lines 1a-1f		3,008,600.			
<u> </u>	-		Total Tito and Table 1	Business Code				
.	0	_	ADOPTIONS	812900	485,198.	485,198.		
ice			OSC INCOME	812900	459,576.	459,576.		
e P			NEWSLETTER	812900	56,241.	56,241.		
n S		-	ENTRIES	812900	32,646.			
Be				812900	10,761.	10,761.		
Program Service Revenue			KIDS CAMP	812900		8,054.		
Δ.			All other program service revenue		8,054.	0,034.		
			Total. Add lines 2a-2f		1,052,476.	A-100 NO		
	3		Investment income (including dividends, intere	st, and	100 056	1	Ì	100 256
			other similar amounts)		108,256.			108,256.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties				a secretario de la constanta de	
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b				27976	
			Rental income or (loss) 6c					2-27-20-20-20-20-20-20-20-20-20-20-20-20-20-
		000	Net rental income or (loss)	>				
	7		Gross amount from sales of (i) Securities	(ii) Other			777	1000
	•	а	assets other than inventory 7a 291,022.					
		L	Less: cost or other basis					
		D	and sales expenses					
ğ			Gain or (loss) 76 73,000.					220000
Revenue					73,000.			73,000.
æ			Net gain or (loss)		73,000.			75,000
her	8	а	Gross income from fundraising events (not					
e d			including \$ 181,578. of			0.000		
			contributions reported on line 1c). See					
			Part IV, line 18		State of the state		100000000000000000000000000000000000000	
		b	Less: direct expenses 8b	0.				Single Control
		С	Net income or (loss) from fundraising events		6,100.			6,100.
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a				100	
- 4		h	Less: direct expenses 9b				23.2	
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
	10	a		42,413.				
				26,320.	1			
					16,093.	16,093.		
		С	Net income or (loss) from sales of inventory		10,000.	10,055.		
മ			MICORI I ANDOUG THOOMS	Business Code 900099	4,750.	4,750.		
o a	11	а	MISCELLANEOUS INCOME	900099	4,750.	4,750.		
ane		b					_	
Miscellaneous Revenue		С					-	
Aisc		d	All other revenue		 			
~		е	Total. Add lines 11a-11d	>	4,750.		-	100 056
	12		Total revenue. See instructions		4,269,275.	$\mu,073,319.$	0.	
12200	0 10	00	01					Form 990 (2021)

Form 990 (2021) INGHAM COUNTY HUMANE SOCIETY
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in th	nis Part IX	(6)	
Do n 7b, 8	ot include amounts reported on lines 6b, 3b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				100000000000000000000000000000000000000
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	114 765	26,057.	66,406.	22,302.
	trustees, and key employees	114,765.	20,057.	00,400.	22,302.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,587,235.	1,420,429.	77,342.	89,464.
7	Other salaries and wages	1,001,400.	1,440,447.	11,344	05/404.
8	Pension plan accruals and contributions (include	14,278.	12,557.	968.	753.
	section 401(k) and 403(b) employer contributions)	77,584.	67,189.	5,849.	4 546.
9	Other employee benefits	139,529.	118,572.	11,790.	753. 4,546. 9,167.
10	Payroll taxes	139,349.	110,572.	11,150.	3,2076
11	Fees for services (nonemployees):				
а	Management				
b	Legal	6,000.		6,000.	
С	Accounting	0,000.		0,0001	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			37. Co. Continuos de la Continuo de	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	13,548.	10,823.		2.725.
	column (A), amount, list line 11g expenses on Sch O.)	16,922.	10,023.		2,725. 16,912.
12	Advertising and promotion	268,527.	82,046.	1,422.	185,059.
13	Office expenses	200,327.	02,040.	1,1220	105/055
14	Information technology				
15	Royalties	174,720.	169,607.	3,068.	2,045.
16	Occupancy	18,743.	10,114.	8,629.	2,010
17	Travel	10,743.	10,114.	0,023.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	185,368.	176,425.	5,366.	3,577.
22	Depreciation, depletion, and amortization	37,869.	35,976.	1,136.	757.
23	Insurance	37,007.	33,3700	2/2000	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) ANIMAL CARE	467,882.	467,882.	Name of the Control o	
a	MISCELLANEOUS	34,993.	1,278.	33,715.	
b	BUILDING SUPPLIES	25,344.	24,077.	760.	507.
С	HUMAN EDUCATION	19,149.	19,149.		
d		24,945.	16,151.	632.	8,162.
е		3,227,401.	2,658,342.	223,083.	345,976
25	Total functional expenses. Add lines 1 through 24e	J, 401, 401.	2,030,3424		
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)				Form 990 (202

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 46,661. 206,199. 1 Cash - non-interest-bearing 2,701,554. 2,213,075. 2 Savings and temporary cash investments 2 324,613. 263,915. 3 Pledges and grants receivable, net 3 1,600. 3,202. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 83,568. 72,842. 8 Inventories for sale or use 13,691. 18,922. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 4,680,905. 10a basis. Complete Part VI of Schedule D 2,157,570. 2,644,314. 2,523,335. 10c b Less: accumulated depreciation 10b 1,346,497. 1,568,477. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 987,912. 448,567. 15 Other assets. See Part IV, line 11 15 8,253,013. 7,215,931. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 139,228. 137,188. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 335,370. 335,372. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 472,560. 474,598. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,544,794. 5,477,543. 27 Net assets without donor restrictions 27 1,233,621. 1,265,828. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 7,778,415. 6,743,371. 32 Total net assets or fund balances 32 8,253,013. 7,215,931. Total liabilities and net assets/fund balances

Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7 8	4,269 3,227 1,041 6,743	7,4(L,8' 3,3'	0 <u>1.</u> 74.		
8	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule 0)	9			0.		
9 10	Collins and Det View 100						
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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 on Schedule	Ο.			37		
2a	THOSE AND DIGUILLE AND THE CONTRACT OF THE CON		2a	8, 35,36	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		2b	Х			
b	Were the organization's financial statements audited by an independent accountant?		20				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	Dasis,					
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis						
944	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.		2,000,000,000			
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 on Schedule O.						
32	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
Act and OMB Circular A-133?							
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Earm	990	(2021)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TNGHAM COUNTY HUMANE SOCIETY

Employer identification number 38-1601542

Pa	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The	organ	zation is not a private founda	ation because it is: (F	or lines 1 through 12, ch	eck only o	ne box.)				
1		A church, convention of chu)(A)(i).			
2	Ħ	A school described in section				, ,,				
	H	A hospital or a cooperative l				(h)(1)(A)(iii	i)			
3	H	A medical research organiza						the hospital's name		
4	ш		ation operated in con	ijuriction with a nospitar	uescribeu	iii sectioi	ii 170(b)(1)(A)(iii). Littor	the hoopital o hame,		
		city, and state:	11 1 C1 C 1	l			waramantal unit dagariba	od in		
5		An organization operated fo		lege or university owned	or operate	ed by a go	vernmental unit describe	eu in		
		section 170(b)(1)(A)(iv). (C								
6	Ш	A federal, state, or local gov								
7	X	An organization that normal	lly receives a substar	ntial part of its support fro	om a gove	rnmental ı	unit or from the general p	oublic described in		
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a land-grant	college		
		or university or a non-land-g								
		university:	o o			_				
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	s. membership fees, and	gross receipts from		
10		activities related to its exem								
		income and unrelated busin								
				(less section 511 tax) no	ili busiiles	aca acquii	ed by the organization of	itor ourie oo, roro.		
	_	See section 509(a)(2). (Cor			-t. O		00(-)(4)			
11	\vdash	An organization organized a								
12		An organization organized a								
		more publicly supported org						neck the box on		
		lines 12a through 12d that o								
а		Type I. A supporting orga								
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting		
		organization. You must c	omplete Part IV, Se	ctions A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring		
-		control or management of								
		organization(s). You mus								
		Type III functionally inte	grated A supporting	g organization operated i	n connect	ion with, a	and functionally integrate	d with,		
С		its supported organization								
	. —	Type III non-functionally	istagrated Asupp	orting organization oper	ated in cor	nection w	vith its supported organiz	ration(s)		
d	L									
		that is not functionally into						7011033		
	_	requirement (see instructi								
е		Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or		nally integrated supportir	ng organiz	ation.				
f		er the number of supported o								
	Pro	vide the following information	about the supporte	d organization(s).	(iv) Is the orga	mization lieted		(vi) Amount of other		
		i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	support (see instructions)		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
					İ					
_										
-							1	1		

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	1402472	1011200	2627963.	2548337.	2008600	11479572.
	include any "unusual grants.")	1483472.	1811200.	202/903.	2546557.	3000000.	114/95/2.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1483472.	1811200.	2627963.	2548337.	3008600.	11479572.
	The portion of total contributions	21001/20					
3	by each person (other than a	5 (0.00)					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						455,784.
6	Public support. Subtract line 5 from line 4.						11023788.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1483472.	1811200.	2627963.	2548337.	3008600.	11479572.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		40.004	0.4.004	64.064	100 056	276 265
	and income from similar sources	64,923.	43,831.	94,391.	64,864.	108,256.	376,265.
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	2 440	-4,346.	68,485.	88,390.	6 100	156,180.
	assets (Explain in Part VI.)	-2,449.	-4,340.	00,403.	00,350.	0,100.	12012017.
11	Total support. Add lines 7 through 10	ete /eee instructio					,813,201.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	etc. (see instruction	ret second third t	fourth or fifth tax v			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I					14	91.77 %
15	Public support percentage from 2020					15	93.06 %
16:	33 1/3% support test - 2021. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						N V
ŀ	33 1/3% support test - 2020. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶∟
178	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	n qualifies as a pu	blicly supported o	rganization		▶∐
ŀ	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ						>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed be	elow, please comp	lete Part II.)				
	tion A. Public Support				Γ		(C) Tabali
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			,			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						,
76	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	100 mm	Proceedings of the Control of the Co			Column	l
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income		İ				1
	(less section 511 taxes) from businesses						1
	acquired after June 30, 1975						
	Add lines 10a and 10b			11			
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					[E01(a)(2) are == != -+!	
14	First 5 years. If the Form 990 is for the						
	check this box and stop here						
	ction C. Computation of Publ					Tarl	01
15	Public support percentage for 2021 (15	<u>%</u>
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	021 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
.0	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
i	b 33 1/3% support tests - 2020. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
i	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The oras	anization qualifies	as a publicly supp	orted organization	▶□
00	Private foundation. If the organization	on did not check a	box on line 14. 19	a, or 19b. check t	his box and see in	structions	
20	riivate iounidation. Il the organization	and not officer d		,		Schedule	A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2 3a		
3b		
3c		
4a		
4b	anari (2000)	
4c		•
5a		2.31
5b		
5c		
7		11,620
8		
9a		
9b		
9c		
10a		
10b) 2021

1 4	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	i walio		
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			-
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		***********
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			+
	these activities but for the organization's involvement.	2b		x
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	, , , , , ,	3b		822.50.50.50
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Part	V Type III Non-Functionally Integrated 509(a)(3) Support			00-1001542 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		8 6	
Section	ı A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 0	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
m	naintenance of property held for production of income (see instructions)	6		
7 0	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other factors	tersentialing best		
(e	xplain in detail in Part VI):			
	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
Se	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	lultiply line 5 by 0.035.	6		
7 R	ecoveries of prior-year distributions	7		
8 M	linimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
	linimum asset amount for prior year (from Section B, line 8, column A)	3		
-	nter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions		1	1	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pre	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			11.00	
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019		West Control of the C		and the second s
е	From 2020				200 AUGUS SANCES
f	Total of lines 3a through 3e				140
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount			24.00	
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$	March 1997 Control of the Control of	200		
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount		(1907-1907) (2007-1907)		
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
LEO SANDERS	509,908.	269,668.
LUCILLE CHASE	281,113.	40,873.
WILLIAM BUCKINGHAM	385,483.	145,243.
Total Excess Contributions to Schedule A, Part II, Line 5	<u> </u>	455,784.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

Name of the organization

INGHAM COUNTY HUMANE SOCIETY

Employer identification number 38-1601542

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, li	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year		0,		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	·			
	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
D-	impermissible private benefit?				
Pa	**************************************		art IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (for example, recreations)		a historically important land area		
	Protection of natural habitat	Preservation of a	a certified historic structure		
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality of the tax year.	ified conservation contribution in the form of	Held at the End of the Tax Year		
	day of the tax year.				
a	Total number of conservation easements				
b	•	water was included in (a)	5.70.50		
C	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired	* * ***********************************	111111		
d					
•	listed in the National Register Number of conservation easements modified, transferred, re				
3		leased, extinguished, or terminated by the c	organization during the tax		
4	year ▶ Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe				
3	violations, and enforcement of the conservation easements i		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
•			,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year		
•	▶ \$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservati				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemer	nts that describes the		
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95				
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furt	herance of public		
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance sheet works of		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	rance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre		gain, provide		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021		

132051 10-28-21

2,523,335. Schedule D (Form 990) 2021

49,704.

10,138.

183,014.

1,452,534.

144,878.

485,392.

74,766.

3,613,973.

194,582.

668,406.

84,904.

b Buildings

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

	(1 01111 000) 2021		
Part VII	Investments -	Other Securities.	

Part VII Investments - Other Securities.	E 200 D 1 N/ E	141. O - F 000 P - + V " 10	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) book value	(c) Welflod of Valuation. Cost of end-	or-year market value
(1) Financial derivatives	-		
(2) Closely held equity interests			
(3) Other			
(A)		***************************************	
(B)			
(C)			
(D)			*
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(o) memor of valuations cost of cita	or your marries rules
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 000 Part IV line	11d See Form 990 Part V line 15	
		Tra. See Form 990, Part X, line 13.	(b) Book value
CONCERNICETON IN DROCKERS	Description		547,159.
(1) CONSTRUCTION IN PROGRESS	EMC HELD AM (NADIMAL DECION	347,133.
(2) BENEFICIAL INTEREST IN ASS	ETS HELD AT (CAPITAL REGION	110 752
(3) COMMUNITY FOUNDATION			440,753.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			005 010
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	987,912.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		>	987,912.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o		11e or 11f. See Form 990, Part X, line 25.	987,912.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	987,912. (b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

1	Total expenses and losses per audited financial statements		1	3,227,401.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,227,401.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5	3,227,401.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT UNDER SECTION (501) (C)(3) OF THE INTERNAL REVENUE CODE. TAXES ARE RECORDED AND PAID ON BUSINESS INCOME THAT IS NOT SUBSTANTIALLY RELATED TO THE ORGANIZATION EXEMPT PURPOSES. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE. PROFESSIONAL STANDARDS PRESCRIBE A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN. THE ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE. THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT

ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number 38-1601542

INGHAM	COUNTY HUMANE SOCI	ETY			38-1601	542
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Yes	s" on	Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with populations or entities (fundraisers) pursu	tion of no tion of go fundraisi (includin rofession	on-go overr sing e ng off nal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Di fundrais have cust or contro contributio	tody of of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes I	No			
Tatal			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o				it is exempt from re	gistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or 99	90-E	Z.	Schedule	e G (Form 990) 2021

Sch	edul		COUNTY HUMAN			1601542 Page 2		
Pa	rt I							
		of fundraising event contributions and gro				ts greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
				WALK FOR THE	NONE	(add col. (a) through		
				ANIMALS	/total number	col. (c))		
<u>o</u>			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	76,697.	110,981.	-	187,678.		
	2	Less: Contributions	76,697.	104,881.		181,578.		
		Crear income (line 1 minus line 2)		6,100.		6,100.		
_	3	Gross income (line 1 minus line 2)		0,1001		5/255		
Direct Expenses	4	Cash prizes						
	5	Noncash prizes						
	6	Rent/facility costs						
	7	Food and beverages						
	8	Entertainment		-				
	9	Other direct expenses	0.	0.				
	10	Direct expense summary. Add lines 4 through	9 in column (d)					
	11	Net income summary. Subtract line 10 from li				6,100.		
Pa	irt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.	·					
ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue			(-, -)	bingo/progressive bingo		col. (a) through col. (c))		
Jeve Seve					<i>y</i>			
	1	Gross revenue						
S	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No	0		
	7	Direct expense summary. Add lines 2 through	>					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9		ter the state(s) in which the organization condu				Yes No		
	a Is the organization licensed to conduct gaming activities in each of these states?							
b If "No," explain:								
	. 147	any of the experientian's remine linears	woked elichonded or to	erminated during the tax s	/ear?	Yes No		
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:								
k	olt."	res, explain:						
	_							
1220	92 10	0-21-21			Sche	edule G (Form 990) 2021		

Schedule G (Form 990) 2021 INGHAM COUNTY HUMANE SOCIETY	38-1601542 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
<u></u>	
Name >	
Numer	
Address	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
132 Does the organization have a contract with a time party from whom the organization receives gaming revenue:	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the ar	mount
	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
•	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part III. lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,
100, 100, 10, and 110, as applicable. Also provide any additional information observed associations.	

132083 10-21-21

Schedule G	G (Form 990) INGHAM COUNTY HUMA	NE SOCIETY 38-16015	42 Page 4
Part IV	G (Form 990) INGHAM COUNTY HUMA Supplemental Information (continued)		
	Continued)		
			9
V			
-			

SCHEDULE O

(Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INGHAM COUNTY HUMANE SOCIETY

Employer identification number 38-1601542

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FINANCE COMMITTEE REVIEWS THE COMPLETED FORM 990 AND COMPARES IT TO THE

AUDITED FINANCIAL STATEMENTS.

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

ENFORCEMENT OF CONFLICTS POLICY

THE EXECUTIVE COMMITTEE ADDRESSES ANY CONFLICT OF INTEREST CONCERNS.

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

COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE BASED ON THE

EMPLOYEES BACKGROUND, EDUCATION, PREVIOUS EXPERIENCE AND ACHIEVEMENT OF

ORGANIZATIONAL GOALS AND OBJECTIVES (PERFORMANCE), AND BY USING THE SAWA

SALARY SURVEY COMPARISON OF WAGES OF SIMILARLY SIZED SHELTERS. THE

EXECUTIVE COMMITTEE ALSO TAKES INTO CONSIDERATION THE BUDGET.

FORM 990, PART VI, LINE 15B

COMPENSATION PROCESS FOR OFFICERS THE COMPENSATION IS DETERMINED BY THE

EXECUTIVE COMMITTEE BASED ON THE EMPLOYEES BACKGROUND, EDUCATION, PREVIOUS

EXPERIENCE AND ACHIEVEMENT OF ORGANIZATIONAL GOALS AND OBJECTIVES

(PERFORMANCE), AND BY USING THE SAWA SALARY SURVEY COMPARISON OF WAGES OF

SIMILARLY SIZED SHELTERS. THE EXECUTIVE COMMITTEE ALSO TAKES INTO

CONSIDERATION THE BUDGET

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

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

Schedule O (Form 990) 2021