

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning, 2007, and ending, 20

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

C Name of organization: Cheboygan County Humane Society
Number and street (or P.O. box if mail is not delivered to street address): 1536 Hackleburg Rd
City or town, state or country, and ZIP + 4: Cheboygan MI 49721

D Employer identification number: 38-2096214
E Telephone number: (231) 238-8221
F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [ ] No
I Group Exemption Number
M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: cheboyganhumanesociety.com

J Organization type (check only one) [X] 501(c) ( 3 ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 353,292

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a-6c Rental income; 7 Other investment income; 8a-8d Sales of assets; 9 Special events; 10a-10c Inventory; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18-21 Net assets.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>				
<b>23</b>	Specific assistance to individuals (attach schedule) . . . . .	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule) . . . . .	<b>24</b>				
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A . . . . .	<b>25a</b>	41,334	41,334		
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B . . . . .	<b>25b</b>				
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	<b>25c</b>				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c . . . . .	<b>26</b>	124,870	124,870		
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c . . . . .	<b>27</b>	3,900	3,900		
<b>28</b>	Employee benefits not included on lines 25a - 27 . . . . .	<b>28</b>				
<b>29</b>	Payroll taxes . . . . .	<b>29</b>	13,752	10,675	3,077	
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>				
<b>31</b>	Accounting fees . . . . .	<b>31</b>	238	238		
<b>32</b>	Legal fees . . . . .	<b>32</b>				
<b>33</b>	Supplies . . . . .	<b>33</b>				
<b>34</b>	Telephone . . . . .	<b>34</b>				
<b>35</b>	Postage and shipping . . . . .	<b>35</b>				
<b>36</b>	Occupancy . . . . .	<b>36</b>	24,419	24,419		
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>				
<b>38</b>	Printing and publications . . . . .	<b>38</b>				
<b>39</b>	Travel . . . . .	<b>39</b>				
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>	794	794		
<b>41</b>	Interest . . . . . 4562	<b>41</b>				
<b>42</b>	Depreciation, depletion, etc. (attach schedule) . . . . .	<b>42</b>	4,494	3,693	801	
<b>43</b>	Other expenses not covered above (itemize):					
<b>a</b>	<b>Bank Service Charges</b>	<b>43a</b>	371	371		
<b>b</b>	<b>Crematory expenses</b>	<b>43b</b>	4,895	4,895		
<b>c</b>	<b>Insurance expense</b>	<b>43c</b>	24,508	24,508		
<b>d</b>	<b>Supplies expense</b>	<b>43d</b>	23,668	23,668		
<b>e</b>	<b>Veterinary expenses</b>	<b>43e</b>	12,717	12,717		
<b>f</b>	<b>Advertising expense</b>	<b>43f</b>	4,361		4,361	
<b>g</b>	<b>See Attached</b>	<b>43g</b>	68,881	68,881		
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	<b>44</b>	353,202	303,629	44,411	5,162

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . . .  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the instructions.)

		(A)		(B)	
		Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>45</b>	Cash - non-interest-bearing . . . . .	12,437	<b>45</b>	4,478	
<b>46</b>	Savings and temporary cash investments . . . . .	24,541	<b>46</b>	33,666	
<b>47 a</b>	Accounts receivable . . . . .	<b>47a</b>			
<b>b</b>	Less: allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>		
<b>48 a</b>	Pledges receivable . . . . .	<b>48a</b>			
<b>b</b>	Less: allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>		
<b>49</b>	Grants receivable . . . . .		<b>49</b>		
<b>50 a</b>	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>		
<b>b</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>		
<b>51 a</b>	Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
<b>b</b>	Less: allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>		
<b>52</b>	Inventories for sale or use . . . . .		<b>52</b>		
<b>53</b>	Prepaid expenses and deferred charges . . . . .		<b>53</b>		
<b>54 a</b>	Investments - publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>		
<b>b</b>	Investments - other securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>		
<b>55 a</b>	Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>			
<b>b</b>	Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>		
<b>56</b>	Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57 a</b>	Land, buildings, and equipment: basis . . . . .	<b>57a</b>		21,848	
<b>b</b>	Less: accumulated depreciation (attach schedule) . . . . . <b>STM116</b>	<b>57b</b>		13,710	
				12,632	<b>57c</b>
<b>58</b>	Other assets, including program-related investments (describe <input type="checkbox"/> )		<b>58</b>		
<b>59</b>	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	49,610	<b>59</b>	46,282	
<b>60</b>	Accounts payable and accrued expenses . . . . .	3,596	<b>60</b>	8,247	
<b>61</b>	Grants payable . . . . .		<b>61</b>		
<b>62</b>	Deferred revenue . . . . .		<b>62</b>		
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
<b>64 a</b>	Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
<b>b</b>	Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>		
<b>65</b>	Other liabilities (describe <input type="checkbox"/> )		<b>65</b>		
<b>66</b>	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .	3,596	<b>66</b>	8,247	
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>					
<b>67</b>	Unrestricted . . . . .	46,014	<b>67</b>	38,035	
<b>68</b>	Temporarily restricted . . . . .	0	<b>68</b>	0	
<b>69</b>	Permanently restricted . . . . .	0	<b>69</b>	0	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>					
<b>70</b>	Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
<b>73</b>	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	46,014	<b>73</b>	38,035	
<b>74</b>	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	49,610	<b>74</b>	46,282	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<b>Curt Becks</b> 1015 Mackinaw Av Cheboygan MI 49721	<b>President</b> 4	0	0	0
<b>Cindy Baker</b> 5947 W US 23 Cheboygan MI 49721	<b>Vice Pres</b> 4	0	0	0
<b>Linda Buskirk</b> PO Box 3035 Indian Rive MI 49721	<b>Treasurer</b> 2	0	0	0
<b>Maria Bartlett</b> 4845 Owens Rd Cheboygan MI 49721	<b>Secretary</b> 2	0	0	0
<b>Michael Brimacombe</b> 413 Dresser St Cheboygan MI 49721	<b>Trustee</b> 1	0	0	0
<b>Thomas H Bauer</b> PO Box 827 Indian Rive MI 49721	<b>Trustee</b> 4	0	0	0
<b>Mary Talaske</b> 1864 North M-33 Cheboygan MI 49721	<b>Exec Director</b> 45	STMA01 41,334	0	0
<b>Doris Radke</b> PO Box 33 Topinabee MI 49721	<b>Trustee</b> 1	0	0	0



<b>Part VI Other Information</b> (continued)		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . <b>82b</b> 500		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	N/A	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	N/A	
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? . . . . .	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	N/A	
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . . <b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	N/A	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	N/A	
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	N/A	
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .	N/A	
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .		X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .		X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>USA</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) . . . . . <b>90b</b> 8		
<b>91a</b>	The books are in care of ▶ <u>Mary Talaske</u> Telephone no. ▶ <u>231-238-8221</u> Located at ▶ <u>1536 Hackleburg Rd Indian River MI</u> ZIP + 4 ▶ <u>49721</u>		
<b>b</b>	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)? . . . . . <b>91b</b>		X
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Cremation services					13,410
b Adoption-Spay-Neuter					25,120
c Other shelter related					4,264
d Dog license fees					18,280
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash investments			14	218	
96 Dividends and interest from securities . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	12,710	
102 Gross profit or (loss) from sales of inventory . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				12,928	61,074
105 Total (add line 104, columns (B), (D), and (E)) <span style="float:right">▶</span>					74,002

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93a Provides closure services for pet owners

93b Adoption cares for lost, abandoned or abused animals

93c Owners pay to drop off pets & can buy rabies subsidy coupons.

93d Local govts require licenses to controll pet population

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part III** Statements About Activities (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .		X
<b>b</b>	Lending of money or other extension of credit? . . . . .		X
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
<b>e</b>	Transfer of any part of its income or assets? . . . . .		X
<b>3a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		X
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees? . . . . .		X
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .		X
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .		X
<b>b</b>	Did the organization make any taxable distributions under section 4966? . . . . .		X
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ _____		
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . ▶ _____		

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	194,431	202,143	219,332	183,070	798,976
<b>16</b> Membership fees received	0	0	0	0	0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	83,461	55,567	41,334	36,076	216,438
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	738	1,080	810	699	3,327
<b>19</b> Net income from unrelated business activities not included in line 18	0	0	0	0	0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	10,000	10,000	10,000	10,000	40,000
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
<b>23</b> Total of lines 15 through 22	288,630	268,790	271,476	229,845	1,058,741
<b>24</b> Line 23 minus line 17	205,169	213,223	230,142	193,769	842,303
<b>25</b> Enter 1% of line 23	2,886	2,688	2,715	2,298	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 16,846
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 842,303
<b>d</b> Add: Amounts from column (e) for lines:	18 3,327	19	22 26b		<b>26d</b> 3,327
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 838,976
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.61%
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add: Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	21 _____
<b>d</b> Add: Line 27a total and line 27b total					<b>27c</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27e</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> 0
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns for (a) Affiliated group totals and (b) To be completed for all electing organizations.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table for 4-Year Averaging Period with columns for Calendar year (or fiscal year beginning in) and sub-columns for years 2007, 2006, 2005, 2004, and Total. Rows include lines 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Table with columns for Yes, No, and Amount. Rows list activities a through i, including Volunteers, Paid staff, Media advertisements, etc.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

Employer identification number

**Cheboygan County Humane Society**

**38-2096214**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

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

**Special Rules -**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>Cheboygan County Humane Society</b>	Employer identification number <b>38-2096214</b>
--	---

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	The Burt Foundation  101 N Main St  Ann Arbor MI 48104	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Harold/Virginia McPike  4016 W US 23 Hwy  Cheboygan MI 49721	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions.

Attach to your tax return.

2007

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Cheboygan County Humane Society

FORM 990 - 1

38-2096214

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Section 179 expense deduction, including description of property, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2007.

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Alternative Depreciation System, including class life and recovery period.

Part IV Summary (see instructions)

Table with 3 rows for Summary, including listed property, total, and section 263A costs.

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits..

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Cheboygan County Humane Society</b>	Employer identification number <b>38-2096214</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1536 Hackleburg Rd</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Cheboygan MI 49721</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ Mary Talakse

Telephone No. ▶ 231-238-8221 FAX No. ▶ 231-238-0432

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2007 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

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

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

**IRS e-file Signature Authorization  
for an Exempt Organization**

Department of the Treasury  
Internal Revenue Service

For calendar year 2007, or fiscal year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

**2007**

Return ID (20-digit number) ▶

Name of exempt organization

**Cheboygan County Humane Society**

Employer identification number

**38-2096214**

Name and title of officer

**Curtis Becks** **President**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) . . . . .	<b>1b</b> <u>345,316</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax Based on Investment Income (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) . . . . .	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Great Lakes Accounting of N to enter my PIN 96214 as my signature  
ERO firm name do not enter all zeros  
on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/ State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Curtis Becks

Date ▶ 08-13-2008

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

38004261748  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

Cheboygan County Humane Society

38-2096214

FORM 990, SCH FOR PART IV, LINE 57  
LAND ETC. SCHEDULE

Statement #116

<u>Category or Item</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>
Building Improvement	3,893	2,738	1,155
Equipment	17,955	10,972	6,983
TOTAL	<u>21,848</u>	<u>13,710</u>	<u>8,138</u>

Statement #A01

Mary Talaske

Explanation

The base compensation for 2007 is 38,934. In addition to this the organization contributed \$2,400 to the director's IRA per agreement approved by the board of directors.

## Federal Supporting Statements

**2007** PG 01

Name(s) as shown on return

Your Social Security Number

Cheboygan County Humane Society

38-2096214

FORM 990, PART I, LINE 9 SPECIAL EVENTS SCHEDULE

Statement #101

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
Garage Sale	<u>32,780</u>	<u>12,094</u>	<u>20,686</u>	<u>7,976</u>	<u>12,710</u>
<b>TOTAL</b>	<u><u>32,780</u></u>	<u><u>12,094</u></u>	<u><u>20,686</u></u>	<u><u>7,976</u></u>	<u><u>12,710</u></u>

Name(s) as shown on return

FEIN

Cheboygan County Humane Society

38-2096214

Direct Public Support

Description	Amount
Donations received	\$ 89,066
Grant revenues received	24,929
Membership fee received	3,895
Total:	<u>\$ 117,890</u>

Government Contribution and Contracts

Description	Amount
Cheboygan County Animal Control Contract Revenue	\$ 111,500
City of Cheboygan Animal Control Contract	2,900
Presque Isle County Animal Control Contract	11,530
Township Animal Control Contracts	5,400
Total:	<u>\$ 131,330</u>

Government contributions--Non-cash

Description	Amount
Cheboygan County donated facilities	\$ 10,000
Total:	<u>\$ 10,000</u>

Other changes in net assets

Description	Amount
Prior period adjustment	\$ (93)
Total:	<u>\$ -93</u>

Occupancy Expenses

Description	Amount
Utilities	\$ 11,660
Repair & maintenance	2,759
Rent	10,000
Total:	<u>\$ 24,419</u>

Name(s) as shown on return

FEIN

Cheboygan County Humane Society

38-2096214

Other Program Service Deductions

<u>Description</u>	<u>Amount</u>
Dues & Subscriptions	\$ 451
Finance Charges	39
Licenses Permits and Fees	193
Miscellaneous expenses	1,109
Public education program expenses	27,186
Spay neuter program expenses	38,224
Vehicle expenses	1,679
<b>Total:</b>	<b>\$ 68,881</b>