	000
Form	330

### \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection				
			ar year, or tax year beginning and e						
В	Check if applicab	le: C Name of	organization		D Employer identifica	tion number			
	Addre chang Name	pe FRIE	NDS FOR ANIMALS OF METRO DETROIT			h			
	chang Initial		usiness as		38-3171570	J			
	return Final return	Number	and street (or P.O. box if mail is not delivered to street address) R GREENFIELD	loom/suite	E Telephone number 313-943-20	597			
	termir ated	n-	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	3,190,325.			
	Amen return		BORN, MI 48120		H(a) Is this a group retu	rn			
	Applie tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: KIMBERLY A. CROSS		for subordinates?				
	pendi		AS C ABOVE		H(b) Are all subordinates inclu	ded? Yes No			
1	Tax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or	527	If "No," attach a lis				
J	Websi	ite: 🕨 WWW .	METRODETROITANIMALS.ORG		H(c) Group exemption r	number 🕨			
		f organization:	X Corporation Trust Association Other ►	L Year o	of formation: 1993 M	State of legal domicile: MI			
P	art I	Summary							
	1	Briefly describ	e the organization's mission or most significant activities: <b>FRIEN</b>	DS FOI	R ANIMALS OF	METRO			
Activities & Governance			IS DEDICATED TO THE RESCUE, PROTEC						
rna	2	Check this bo	x 🕨 🥅 if the organization discontinued its operations or disposed	d of more	than 25% of its net asset	S.			
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		3	<u> </u>			
Ğ	4	Number of ind	ber of independent voting members of the governing body (Part VI, line 1b)						
80	5	Total number	Total number of individuals employed in calendar year 2021 (Part V, line 2a)						
/itie	6	<ul><li>6 Total number of volunteers (estimate if necessary)</li><li>7 a Total unrelated business revenue from Part VIII, column (C), line 12</li></ul>				572			
cti	7 a					0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.			
					Prior Year	Current Year			
۵ ۵	8	Contributions	and grants (Part VIII, line 1h)		1,337,087.	2,741,582.			
nu	9	Program servi	ce revenue (Part VIII, line 2g)		119,430.	135,041.			
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		56,270.	<u>31,455.</u> 101,489.			
Ξ	11	Other revenue	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,587,275.	3,009,567.			
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.				
ŝ	15		$^{ m c}$ compensation, employee benefits (Part IX, column (A), lines 5-10) $_{ m}$		910,747.	866,282.			
Expenses	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)		0.	0.			
xDe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	4.					
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		859,520.	836,751.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,770,267.	1,703,033.			
	19	Revenue less	expenses. Subtract line 18 from line 12		-182,992.	1,306,534.			
Net Assets or	6			Beç	ginning of Current Year	End of Year			
sets	<b>20</b>	Total assets (F	Part X, line 16)		6,875,258.	8,205,778.			
tAS	21		(Part X, line 26)		237,064.	221,234.			
			fund balances. Subtract line 21 from line 20		6,638,194.	7,984,544.			
P	art II	Signature	Block						

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

Sign	Signature of officer	Date					
Here	KIMBERLY A. CROSS, PRESIDENT AND CEO						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check PTIN					
Paid	TROY MARINE, CPA TROY MARINE, CPA	11/15/22 self-employed P00187863					
Preparer	Firm's name 🕨 BAKER TILLY US, LLP	Firm's EIN ▶ 39-0859910					
Use Only	Firm's address 777 E WISCONSIN AVE, 32ND FLOOR						
	MILWAUKEE, WI 53202 Phone no. 414 - 777 - 5500						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	32001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

prior Form 390 or 990-E2?       Image: Construction of the services on Schedule 0.         If "Yes," describe these new services on Schedule 0.       Construction of the services on Schedule 0.         Describe these changes on Schedule 0.       Construction of the services of the service services of the services of the service service services of the services of the services of the services of the service services of the service services of the service services of the service services of the service services of the services of the services of the services of th		
PRIENDS FOR ANIMALS OF METRO DETROIT IS DEDICATED TO THE RESCUE, PROTECTION, AND ADOPTION OF COMPANION ANIMALS IN NEED WHILE INSP THE HUMAN-ANIMAL BOND.         2       Did the organization undertake any significant program services during the year which were not listed on the prior form 580 or 580-627       []         11 "Vsc," describe these enanges on Schedule 0.       []       []         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by exp Section 5016(c)(2) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total exp revenue, if any, for each program service appende.         46       (Cocc		X
PROTECTION, AND ADOPTION OF COMPANION ANIMALS IN NEED WHILE INSP         THE HUMAN-ANIMAL BOND.         2       Did the organization undertake any significant program services during the year which were not listed on the prior form 300 or 990-E2.         # 'Yes,' describe these new services on Schedule 0.       0         4       Did the organization cases conducting, or make significant changes in how it conducts, any program services?       0         4       Obscribe these changes on Schedule 0.       0         4       Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expected the anomator of grants and allocations to others, the total experiments if the anomator of grants and allocations to others, the total experiments if the anomator of grants and allocations to others, the total experiments if the anomator of grants and allocations to others, the total experiments if the anomator of grants and allocations to others, the total experiments if the anomator of grants and allocations to others, the total experiments if the anomator of grants and allocations to others, the total experiments is a conditional program services, as measured by experiments in the anomator of grants and allocations to others, the total experiments is a conditional program services, as measured by experiments in the anomator of grants and allocations to others, the total experiments is a conditional program services, as measured by experiments in the anomator of grants and allocations to others, the total experiments is a conditional program services, as measured by experiments in the anomator of grants and allocations to others, the total experiments is and allocations of thexperiments is a condity of thexperiments is		
THE HUMAN-ANIMAL BOND.         2       Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990 C27       If 'Yes, 'describe these we services on Schedule 0.         3       Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by exp Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experiments, for each of 18 three largest program services, as measured by exp Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experiments, for each of 18 three largest program services, as measured by exp Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experiments, for each of 18 three largest program services, as measured by exp Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experiments, for each organisation services (Decribes 1, 288, 702, inclusing parts of service) (Newrows 5, DOQ TIREACH TO PROMOTE HUMANE CARE, SPAY AND NEUTERE PROGRAMS, MICROF PROGRAMS, DOG TRAINING AND ASSISTANCE.         INTAKE WAS 1,952 (589 DOGS AND 1,363 CATS) DOMESTIC ANIMALS.         PLACE RATE OVERALL WAS 84% AND ALL ANIMALS HAVE AGE-APPROPRIATE VACCINES AND ARE SPAYED OR NEUTERED AND MICROCHIPPED.         1,682 PEOPLE VISITED THE SHELTER IN 2021.         46 (code) (receases		
2       Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27       If "Yes," describe these new services on Schedule 0.         3       Did the organization cases conducting, or make significant changes in how it conducts, any program services?       If "Yes," describe the organization cases conducting, or make significant to reach of its three largest program services, as measured by expective dispersive and program service reported.         4       Decribe the organization case conducting, or make significant to report the amount of grants and allocations to others, the total experiments in a program service reported.         4       Coase:       1 (288, 702.         9       Diverse is 1, 288, 702.       including grants of s         9       Diverse is 1, 288, 702.       including grants of s         9       Diverse is 1, 288, 702.       including grants of s         9       Diverse is 1, 288, 702.       including grants of s         9       Diverse is 1, 286, 286, 200 S AND 1, 363 CATS )       DOMESTIC ANIMALS.         9       LACE RATE OVERALL WAS 84% AND ALL ANIMALS HAVE AGE - APPROPRIATE VACCINES AND ARE SPAYED OR NEUTERED AND MICROCHIPPED.       1, 682 PEOPLE VISITED THE SHELTER IN 2021.         1       1, 682 PEOPLE VISITED THE SHELTER IN 2021.       1         1       1, 682 PEOPLE VISITED THE SHELTER IN 2010 DOS RECEIVED AGE - APPROPRIATE VACCINES, MICROCHIPS, AND DETROIT OR DEARBORN PET LICENSES. PROV. <td>NSPIRING</td> <td></td>	NSPIRING	
prior Form 980 or 980 cr29       If "yes," describe these new services on Schedule 0.         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by explore the organization's program service accomplishments for each of its three largest program services, as measured by explore the organization service reported         4       Obscribe the organization's program service accomplishments for each of its three largest program services, as measured by explored if any, for each program service reported         4       Coace		
prior Form 390 or 930-627       If "Yes," describe these new services on Schedule 0.         3       Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by explore organizations for program service accomplishments for each of its three largest program services, as measured by explorement, if any, for each program service reported         40       Describe the organization's program service accomplishments for each of its three largest program services, as measured by explorement, if any, for each program service reported         41       (coae:) (prevenues 1		
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<ul> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>		
If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accompliaments for each of its three largest program services, as measured by experiment, if any, for each program service reported. 4 (code:	Yes X	ζ ] N.
<ul> <li>4 Obscribe the organization's program service accomplishments for each of its three largest program services, as measured by expected of 01(a)(a) organizations are required to report the amount of grants and aulocations to others, the total experimented.</li> <li>4a (code:</li></ul>	[ ] Tes [23	
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4d       Other program services (Describe on Schedule O.)         (Expenses \$       including grants of \$		
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	Form <b>990</b>	(200
32002 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)	Form 330	(202
32002 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)		

Form 990 (2			-	ANIMALS	OF	METRO	DETROIT
Part IV	Checklist of R	equired Sche	edules	;			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u>X</u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
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		<u></u>	
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.			
-				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI	11a	- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	Х
132003	12-09-21	Form	990	(2021)

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132003 12-09-21

	· (contract)		M.	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		<b>v</b>
00	Schedule L, 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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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			
	"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
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	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	200		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</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			
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Var	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ia b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a27Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
132004	¥ 12-09-21			(2021)
				,

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#### 13101115 144198 159913

021)			ANIMALS				
Statements	6 Regarding Otl	her IR	S Filings and	l Tax	Complia	nce	(continued)

			Yes	No
la.	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 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	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	х	
5	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	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 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
3	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
C	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter:			
3	Gross income from members or shareholders	-		
)	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
C	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	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	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
		17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form 990 (2021)

Part V

Form	990 (	(2021)
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# FRIENDS FOR ANIMALS OF METRO DETROIT

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Form 990 (		5 FOR ANIMAL				30-31/13/0	Page <b>0</b>
Part VI	Governance, Manageme	nt, and Disclosure	• For e	ach "Yes" re	sponse to lines 2 t	hrough 7b below, and for a "No" res	ponse
	to line 8a, 8b, or 10b below, desc						
	Check if Schedule O contains a r	esponse or note to any	line in t	his Part VI			X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	1		
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		Х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6		6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
14		7-		x
		<u>7a</u>		- 23
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>_</b> .		v
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120		
C		10-	х	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process 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			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MI			
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	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	, 2 Jiny)		
10		dfinar	aial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	u inan	lai	
~~	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 $\blacktriangleright$			
	SUZANNE JOHNSON - (313)-943-2697			
	2661 GREENFIELD, DEARBORN, MI 48120			
			9 <b>90</b>	

Form 990 (2	021) FRIENDS FOR ANIMALS OF METRO DETROIT	38-3171570	Page 7
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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year endin	ng with or within the organization's	s tax year.
● List a	l of the organization's current officers, directors, trustees (whether individuals or organizations), i	regardless of amount of compens	ation.

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) Position Bonortable Bonortable						(F)		
Name and title	Average hours per week	box offic	(do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KIMBERLY A. CROSS	60.00									
PRESIDENT AND CEO				х				80,260.	0.	2,958.
(2) ELAINE GREENE	6.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(3) LAURIE BUHR	6.00								•	
PRESIDENT		Х		X				0.	0.	0.
(4) JIM STREET	4.00								•	
FINANCE CHAIR	1 00	Х		X				0.	0.	0.
(5) DAVID KOCAB	1.00							0	0	
ASST. GENERAL COUNSEL	1 00	Х		X				0.	0.	0.
(6) FREDERICK JOHNS	1.00	37		37				0	0	0
CHAIR OF GOVERNANCE	2.00	Х		Х				0.	0.	0.
(7) DR. JEFFREY DIZIK	2.00	37		37				0	0	0
MEDICAL DIRECTOR	7.00	Х		Х				0.	0.	0.
(8) MARYANN WRIGHT	7.00	х		x				0.	0.	0.
BOARD CHAIR (9) AL KAMMERER	9.00	Λ		<u> </u>				0.	0.	0.
BOARD MEMBER	9.00	х						0.	0.	0.
(10) ALEXANDRA CATTELAN	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(11) JACKIE LOVEJOY	1.00								0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(12) STEVEN PITSILLOS	6.00							· · ·		
BOARD MEMBER		х						0.	0.	0.
(13) RICHARD TRUETT	3.00									
BOARD MEMBER		х						0.	0.	0.
(14) JULIE WALKER	1.00									<b>J</b>
BOARD MEMBER		х						0.	0.	0.
(15) JUDY BELKNAP	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) RANDE MEDWED WRIGHT	1.00									
BOARD MEMBER		х						0.	0.	0.

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Form 990 (2021)

#### 13101115 144198 159913

Form 99		FOR ANIM	ÍAI	ıS	OF	M	(ET)	RO	DETROIT	38-31	<u>171</u> !	570	Pa	age <b>8</b>
Part V	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)	(F		(F)	
	Name and title	Average			Posi	ition			Reportable	Reportable			timate	d
		hours per					than o s both		compensation	compensatio			nount o	
		week					r/trust		from	from related			other	
		(list any	ctor						the	organization	s	com	pensat	tion
		hours for	r dire				eq		organization	(W-2/1099-MIS	3C/	fro	om the	Э
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on
		organizations	trus	nal tr		oyee	d wo		1099-NEC)			anc	l relate	ed
		below	Individual trustee or director	Institutional trustee	er	Key employee	loyee	ner				orga	nizatio	ons
		line)	ln di	Inst	Officer	Key	Highest compensated employee	Former						
											-+			
											$ \rightarrow $			
1b Su	ıbtotal								80,260.		0.	2	2,95	58.
	otal from continuation sheets to Part VI								0.		0.			0.
	otal (add lines 1b and 1c)								80,260.		0.	2	2,95	58.
	tal number of individuals (including but n							o re	ceived more than \$100	000 of reportable	i ,			
	ompensation from the organization						,							0
													Yes	No
<b>3</b> Di	d the organization list any <b>former</b> officer,	director truct			mol	~~~~	o or	hial	hast componented ampl	0,000 00	ſ			
	<b>o ,</b>	,	,				'	0		5		2		Х
	e 1a? If "Yes," complete Schedule J for s										·····	3	_	<u></u>
	or any individual listed on line 1a, is the su													v
an	d related organizations greater than \$150	),000? <i> f</i> "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual			4	_	X
	d any person listed on line 1a receive or a													37
	ndered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	pers	on					5		Х
	n B. Independent Contractors													
<b>1</b> Co	omplete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comp	pensat	ion fro	m	
th	e organization. Report compensation for	the calendar ye	ear e	endin	ig wi	ith c	or wit	hin	the organization's tax y	ear.				
	(A)								(B)			(C		
	Name and business								Description of s	ervices	C	omper	nsatior	ו
ROUN	DTABLE6, 850 STEPHENS	SON HWY	SU	ITI	Ε '	70	2,	ŝ	STRATEGIC					
TROY	, MI 48083							C	COMMUNICATIO	NS		134	1,27	72.
								+						
								+						
	tal number of independent contractors (in	-	ot lin	nited	to t	-		ed	above) who received mo	ore than				
\$1	00,000 of compensation from the organiz	zation 🕨				1	_						200	
												Form 9	<b>990</b> (2	2021)

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	-	VIII	_							
			Check if Schedule O o	contains a	response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
							(م) Total revenue	Related or exempt	Unrelated	Revenue excluded
							Total Tovondo	function revenue	business revenue	from tax under
										sections 512 - 514
tts Dts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
S, G		с	Fundraising events		1c	199,645.				
ar		d	Related organizations		1d					
s, (		е	Government grants (contr	ibutions)	1e	847,864.				
rsion		f	All other contributions, gifts,	grants, and						
but			similar amounts not included	above	1f 1,	694,073.				
i ti		g	Noncash contributions included in	lines 1a-1f	1g \$	26,105.				
ano		h	Total. Add lines 1a-1f			•	2,741,582.			
						Business Code				
ð	2	a	PET ADOPTION	FEES		541900	94,902.	94,902.		
<u>vi</u>	_					541900	23,814.	23,814.		
Ser			SPAY, NEUTER, M	ICROC	HIP	541900	16,325.	16,325.		
E N		d	<u></u>					,		
gra Re		e								
Program Service Revenue			All other program service	rovonuo						
-			Total. Add lines 2a-2f			►	135,041.			
	3		Investment income (includ			····· •	10070110			
	5	,	other similar amounts)	•			30,770.			30,770.
	4	1	Income from investment of							
	- 5				• •					
	5	,	Royalties		i) Real	(ii) Personal				
	~		Overe vente	,	i) near					
	0		Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
	_		Net rental income or (loss)							
	7	a	Gross amount from sales of	.,	ecurities	(ii) Other				
			assets other than inventory	7a ± 0 3	,203.					
		b	Less: cost or other basis	1	<b>F10</b>					
anc			and sales expenses		,518.					
Revenue			Gain or (loss)		685.					
Re			Net gain or (loss)			<b>&gt;</b>	685.			685.
her	8	а	Gross income from fundraisin	ng events (r	not					
Othe			including \$199		- 1					
			contributions reported on							
			Part IV, line 18			176,979.				
		b	Less: direct expenses		8b	78,240.				
		с	Net income or (loss) from	fundraising	g events	<b>&gt;</b>	98,739.			98,739.
	9	a	Gross income from gamin	g activities	s. See					
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		с	Net income or (loss) from	gaming ac	tivities	►				
	10	a	Gross sales of inventory, I	ess return	s					
			and allowances		10a	2,750.				
		b	Less: cost of goods sold			0.				
			Net income or (loss) from				2,750.	2,750.		
						Business Code				
sno	11	а								
nue Due		b								
ellaneo evenue		с								
Miscellaneous Revenue			All other revenue							
Σ			Total. Add lines 11a-11d			<b>&gt;</b>				
	12		Total revenue. See instruction				3,009,567.	137,791.	0.	130,194.
		2-09-3								Form <b>990</b> (2021

FRIENDS FOR ANIMALS OF METRO DETROIT

13101115 144198 159913

Form 990 (2021)

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38-3171570 Page **9** 

Form	aan	(2021)
FUIII	990	(2021)

FRIENDS FOR ANIMALS OF METRO DETROIT Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons		0	, , , , , , , , , , , , , , , , , , , ,	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
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,	00.010		10,100	
	trustees, and key employees	83,218.	70,736.	12,482.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		- / / / - /		
7	Other salaries and wages	642,043.	546,173.	2,814.	93,056.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	88,170.	72,475.	19.	<u>15,676.</u> 6,781.
10	Payroll taxes	52,851.	44,955.	1,115.	6,781.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	98,703.		98,703.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2,665.	2,665.		
13	Office expenses	31,324.	9,573.	21,751.	
14	Information technology	2,991.	2,243.	748.	
15	Royalties				
16	Occupancy	123,783.	117,863.	2,960.	2,960.
17	Travel				
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				
22	Depreciation, depletion, and amortization	146,838.	132,154.	7,342.	7,342.
23	Insurance	26,716.	22,674.	2,384.	1,658.
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.)				
а	ANNUAL APPEALS/FUNDRAIS	131,318.	98,489.		32,829.
b	PET SUPPLIES AND CARE	105,619.	105,619.		
с	VETERINARY SERVICES	96,779.	96,779.		
d	ADMINISTRATION	43,810.		43,810.	
е	All other expenses	26,205.	21,983.	4,000.	222.
25	Total functional expenses. Add lines 1 through 24e	1,703,033.	1,344,381.	198,128.	160,524.
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 <b>990</b> (2021)

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Form 990 (2021)

13101115 144198 159913

FRIENDS	FOR	ANIMALS	OF	METRO	DETROIT
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	990 (2 <b>t X</b>	2021) FRIENDS FOR AN Balance Sheet	IMAI	S OF METRO DE	TROIT	38-	3171570 Page 11
1 41		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			256,415.	1	238,952.
	2	Savings and temporary cash investments		F	1,784,471.	2	2,667,740.
	3	Pledges and grants receivable, net			116,000.	3	305,000.
	4	Accounts receivable, net			305.	4	1,800.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
	_	under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,870.	8	3,770.
As	9	<b>—</b> · · · · · · · · · · · · · · · · · · ·			10,916.	9	12,601.
		Land, buildings, and equipment: cost or other			•		
		basis. Complete Part VI of Schedule D	10a	4,473,264.			
	b	Less: accumulated depreciation	10b	549,326.	4,070,776.	10c	3,923,938.
	11	Investments - publicly traded securities			632,505.	11	622,291.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	429,686.
	16	Total assets. Add lines 1 through 15 (must equa			6,875,258.	16	8,205,778.
	17	Accounts payable and accrued expenses			39,964.	17	38,348.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to any current or form					
litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			197,100.	25	182,886.
	26	Total liabilities. Add lines 17 through 25			237,064.	26	221,234.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					- 101 050
llan	27	Net assets without donor restrictions		·····  -	5,167,584.	27	5,431,068.
l Ba	28			L	1,470,610.	28	2,553,476.
nnc		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
Γ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec		Γ		30	
t A:	31	Retained earnings, endowment, accumulated in			C C 2 0 1 0 4	31	
Ne	32	Total net assets or fund balances			6,638,194.	32	7,984,544.
	33	Total liabilities and net assets/fund balances			6,875,258.	33	8,205,778. Form <b>990</b> (2021)

Form 990 (2021)

	990 (2021) FRIENDS FOR ANIMALS OF METRO DETROIT	38-3	<u>3171570</u>	Pa	<sub>.ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,00	9,5	67.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,70	3,0	33.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,30		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,63		
5	Net unrealized gains (losses) on investments	5		9,8	16.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,98	34,5	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

# **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
2021
Open to Public Inspection

Nam	e of t	the organization						Employer	r identification number
	FRIENDS FOR ANIMALS OF METRO DETROIT 38-3171570							8-3171570	
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction		
The	organ	ization is not a private found							
1	Г.	A church, convention of ch	•	<b>e</b> ,		,	1)(A)(i).		
2	$\square$	A school described in sect	,						
3	$\square$	A hospital or a cooperative				V6V1VAV;;	::)		
	$\square$	A medical research organiz					-	VIII) Entor	the hespital's name
4			allon operated in col	njuniction with a nospital	uescribeu	in sectio		Juni). Enter	the nospital s hame,
_		city, and state:							a al lia
5		An organization operated for		liege of university owned	or operat	eu by a go	vernmentaru	nit describe	
_		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7	X	An organization that norma	-	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina
		the supported organization	-	-	• • •	-			
		organization. You must c			indjointy c				apporting
b		<b>Type II.</b> A supporting org	-		tion with it	e euronarte	d organizatio	n(s) by bay	lina
b	L	control or management o	-				-		-
		-			ame perso	ns that co		ge the supp	Jonted
-		organization(s). You mus	-						- al
С		Type III functionally inte						ly integrate	a with,
		its supported organization							
d		Type III non-functionally						-	
		that is not functionally int			•			l an attentiv	veness
		requirement (see instructi		•					
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or	• ·	nally integrated supportion	ng organiz	ation.			<b></b>
f		er the number of supported o	•						
<u> </u>		vide the following information		d organization(s).	(iv) is the ora	anization listed	( .) A maximum at a		(ui) A may not of others
	(	i) Name of supported organization	(ii) EIN	(described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			

#### Schedule A (Form 990) 2021 FRIENDS FOR ANIMALS OF METRO DETROIT 38 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(

38-3171570 Page 2

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>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2433934.	1454932.	1738926.	1337087.	2741582.	9706461.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	46,000.		46,000.	46,000.	46,000.	230,000.
4	Total. Add lines 1 through 3	2479934.	1500932.	1784926.	1383087.	2787582.	9936461.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1515633.
6	Public support. Subtract line 5 from line 4.						8420828.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2479934.	1500932.	1784926.	1383087.	2787582.	9936461.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	40,461.	40,969.	35,017.	19,471.	30,770.	166,688.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			3,530.			3,530.
11	Total support. Add lines 7 through 10						10106679.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	857,104.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	b here		-			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	83.32 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	83.35 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>X</b>
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>.</sup>	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

132022 01-04-22

			-		-	-	DETROIT	38-3171570
Part III S	Support Schedule for	Organizatio	ons De	escribed in S	ectio	on 509(a)	(2)	

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

Page 3

Sec	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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 per- formed, 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						
5	furnished by a governmental unit to						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6			(0) = 0 + 0	(0, 2020		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	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.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orgar	nization,
						-	
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			.,,		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			<u>г г</u>	
	Investment income percentage for <b>20</b> Investment income percentage from					17 18	<u>%</u> %
	<b>33 1/3% support tests - 2021.</b> If the						
138	more than 33 1/3%, check this box ar						
Ь							
۵ ۵	<b>33 1/3% support tests - 2020.</b> If the	-					
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	T GIG HOL CHECK A		a, ur 190, check t	The DUX and See INS		lule A (Form 990) 2021
13202	23 01-04-22		16			Schet	iuie A (Fui iii 990) 202 I

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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.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 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 disgualified 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.

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.)

132024 01-04-21

# 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.

(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

- 2 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")? // "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) purposes.
- **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?
- (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section
  - 17

Schedule A (Form 990) 2021

1

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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#### FRIENDS FOR ANIMALS OF METRO DETROIT 38-3171570 Page 5 Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 **b** 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 <u>detail in P</u>art VI 11c

### Section 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 <b>Part VI</b> 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.	1		
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

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).

Section D. All	Type III Sup	porting Organizati	ons
----------------	--------------	--------------------	-----

			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		

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

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- a 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 <b>Part VI</b> how you supported a governmental enti	y (see instruction <u>s).</u>
---	--	---	--	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021 FRIENDS FOR ANIMALS OF			38-3171570 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

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instructions).

FRIENDS	FOR	ANIMALS	OF	METRO	DETROIT
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Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	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	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
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				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>    i</u>	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: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	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.				
	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.				
	Breakdown of line 7: Excess from 2017				
	Excess from 2018				
	Excess from 2019 Excess from 2020				
	Excess from 2020				
-					

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	FRIENDS FOR	ANIMALS OF	METRO DETR	ROIT 38-317157	0 Page <b>8</b>
Part IV, Section A, lines line 1; Part IV, Section D	l, 2, 3b, 3c, 4b, 4c, 5a, 6, , lines 2 and 3; Part IV, Se	9a, 9b, 9c, 11a, 11b ction E, lines 1c, 2a,	, and 11c; Part IV, Sec 2b, 3a, and 3b; Part \	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Secti /, line 1; Part V, Section B, line 1e; or any additional information.	on C,
SCHEDULE A, PART II	<u>, LINE 10, EX</u>	PLANATION	FOR OTHER I	NCOME :	
OTHER INCOME					
<u>2019 AMOUNT: \$ 3,</u>	530.				

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Employer identification number

38-	317	715	70
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······							
F	RIENDS	FOR	ANIMALS	OF	METRO	DETROIT	
Organization type (check one):							

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

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

#### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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FRIENDS FOR ANIMALS OF METRO DETROIT

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 62,798. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 268,225. Noncash X \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 237,035. X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll X 111,175. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 401,350. Noncash \$ (Complete Part II for noncash contributions.)

38-3171570

Name of organization

#### FRIENDS FOR ANIMALS OF METRO DETROIT

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 186,239. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 429,686. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Employer identification number

38-3171570

13101115 144198 159913

123452 11-11-21

from Part I	(D) Description of noncash property given	<b>FMV (or estimate)</b> (See instructions.)	(ɑ) Date received
3	CENTERPIECES & HAPPY TAILS BOARD		
		\$207.	10/22/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PHONE CHARGER, WINE, VAN REPAIR		
		\$3,570.	01/25/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	BOBBLEHEADS & WINE		
		\$283.	09/23/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-1	11-21	\$	
	26		. , , ,

#### FRIENDS FOR ANIMALS OF METRO DETROIT

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

(b)

Schedule B (Form 990) (2021) Name of organization

(a)

No.

Page 3

(d)

Employer identification number

38-3171570

(c)

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Schedule I	B (Form 990) (2021)			Page <b>4</b>				
Name of o	organization			Employer identification number				
FRTEN	DS FOR ANIMALS OF METRO	DETROTT		38-3171570				
Part III		ions to organizations described in	section 501(c)(7),	(8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the year. (I	Enter this info. once.) <b>*</b>				
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
`from Part I	(b) Purpose of gift (c) Use of			(d) Description of how gift is held				
		(e) Transfer of	gift					
	Transferee's name, address, a	nd <b>7</b> IP + 4	Relation	ship of transferor to transferee				
			Tiolution					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
·								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	i gift (d) Description of how gift is					
	(e) Transfer of gift							
	Transferee's name, address, a	nd <b>7</b> IP + 4	Relationship of transferor to transferee					
			Telation					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
·								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee				
123454 11-11	1-21			Schedule B (Form 990) (2021)				

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SCHEDULE [	)
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(Form 9	90)
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Part I

## **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.



Department of the Treasury Internal Revenue Service Name of the organization

organization answered "Yes" on Form 990, Part IV, line 6.

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

Employer identification number FRIENDS FOR ANIMALS OF METRO DETROIT 38-3171570 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the (b) Funds and other accounts (a) Donor advised funds L

				. ,		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets he	ld in donor advised f	unds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	No No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for ar	y other purpose con	ferring		
	impermissible private benefit?			-	Yes	No No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Part	IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea		Preservation of a h	istorically	important land area	
	Protection of natural habitat		Preservation of a c	ertified his	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contrib	ution in the form of a	conservat	ion easement on th	e last
	day of the tax year.				Held at the End of th	
а	Total number of conservation easements			2a		
b						
c	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel				during the tax	
	vear >			,		
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per		ion, handling of			
-	violations, and enforcement of the conservation easements if				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
-	•					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	easement	s during the year	
•		ang of violations, and on	for only conservation	oucomon	o danng tro your	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirement	s of section 170(h)(4)	)(B)(i)		
-	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
•	balance sheet, and include, if applicable, the text of the footr		•			
	organization's accounting for conservation easements.					
Par		f Art, Historical Tre	asures, or Othe	r Similar	<sup>r</sup> Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its rev	enue statement and I	balance sh	eet works	
	of art, historical treasures, or other similar assets held for put	· ·				
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95			nce sheet	works of	
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				8	
					\$	
2	If the organization received or held works of art, historical tre	asures, or other similar a				
2	the following amounts required to be reported under FASB A			in, provide		
9					\$	
a b	Revenue included on Form 990, Part VIII, line 1				۲	
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions				<sup>▶</sup> Schedule D (Form	000) 2024
	T OF FADELWORK REQUCTION ACTIVOLICE, SEE THE INSTRUCTIONS	5 101 FULLI 330.				3301 202

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		FOR ANIMAL				-3171570 Page	
Pa	rt III   Organizations Maintaining C						
3	Using the organization's acquisition, accession	on, and other records,	check any of the f	ollowing that mak	e significant use o	of its	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or excl	hange program			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.						
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets						
	to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Pa	t IV Escrow and Custodial Arrang	gements. Complet	e if the organizatio	n answered "Yes"	on Form 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contributions	s or other assets r	not included		
	on Form 990, Part X?					. Yes No	
b	If "Yes," explain the arrangement in Part XIII						
			-			Amount	
с	Beginning balance				1c		
	Additions during the year						
	Distributions during the year						
f	Ending balance						
	Did the organization include an amount on Fe					Yes No	
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •		
	rt V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	rm 990, Part IV, lii	ne 10.		
		(a) Current year	(b) Prior year	(c) Two years bac		back (e) Four years back	
1a	Beginning of year balance	632,505.	559,623.	493,29			
b	Contributions	,	, -	,	,		
	Net investment earnings, gains, and losses	71,271.	75,155.	106,49	828,	218.	
d	Grants or scholarships		,	,	,		
	Other expenditures for facilities						
е		81,485.	2,273.	40,16	5 33	953.	
4	and programs	01,403.	2,213.	40,10		555.	
	Administrative expenses	622,291.	632,505.	559,62	3. 493,	290. 555,461	
g	End of year balance		,		J. 493,	250. 555,401	
2	Provide the estimated percentage of the curr	ent year end balance		) neid as:			
a	Board designated or quasi-endowment		_%				
b	Permanent endowment  100	%					
С		%					
	The percentages on lines 2a, 2b, and 2c sho	•					
3a	Are there endowment funds not in the posse	ssion of the organizati	on that are held an	id administered fo	r the organization		
	by:					Yes No	
	(i) Unrelated organizations						
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organiza					3b	
4	Describe in Part XIII the intended uses of the		ment funds.				
Pa	t VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Parl	t X, line 10.		
	Description of property	(a) Cost or oth	• • •		c) Accumulated	(d) Book value	
		basis (investme	,	, ,	depreciation		
1a	Land			0,000.		300,000	
	Buildings		3,73	6,061.	123,706	3,612,355.	
	Leasehold improvements						
	Equipment		43	7,203.	425,620	. 11,583.	
	Other						
	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		column (B). line 10	<u>)c.)</u>	►	3,923,938.	
				,		edule D (Form 990) 202	

Schedul	e D (Form 990) 2021	FRIENDS FOF	R ANIMALS OF	METRO	DETROIT	38-3171570 Page <b>3</b>
Part \		Other Securities.				
	Complete if the or	ganization answered "Yes'	on Form 990, Part IV,	line 11b. See	e Form 990, Part X, I	ine 12.
<b>(a)</b> Des	cription of security or cate	egory (including name of security)	(b) Book value	(c)	Method of valuation	: Cost or end-of-year market value
(1) Fina	ncial derivatives					
(2) Clos	ely held equity interest	s				
(3) Othe	er					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	/III Investments -	00, Part X, col. (B) line 12.) ► Program Related. ganization answered "Yes'	on Form 990. Part IV.	line 11c. See	Form 990. Part X. li	ine 13
	(a) Description of		(b) Book value			: Cost or end-of-year market value
(1)	( ) = = = = = = = = = = = = = = = = = =		( ) = =	(-)		
(1)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ol (h) must equal Form 90	90, Part X, col. (B) line 13.) 🕨				
Part I						
	Complete if the or	ganization answered "Yes'	on Form 990, Part IV,	line 11d. See	Form 990, Part X, I	ine 15.
	•		Description		· · ·	(b) Book value
(1)	EMPLOYEE RET	TENTION CREDIT	RECEIVABLE			429,686.
(2)			_			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	Column (b) must equal F	Form 990, Part X, col. (B) lir	ne 15)			▲ 429,686.
Part )						······································
	Complete if the or	ganization answered "Yes'	on Form 990, Part IV,	line 11e or 1 <sup>-</sup>	1f. See Form 990, P	art X, line 25.
1.	(a) [	Description of liability				(b) Book value
	Federal income taxes					
	PPP LOAN					182,886.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	Column (b) must equal F	Form 990. Part X. col. (B) lir	ne 25.)			▶ 182,886.
	., .	, , , , ,	,			statements that reports the
	•			-		has been provided in Part XIII X

132053 10-28-21

Schedule D (Form 990) 2021

_	dule D (Form 990) 2021 FRIENDS FOR ANIMALS OF MET				3171570 <sub>Page</sub> 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	3,154,808.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		39,816.		
b	Donated services and use of facilities	. 2b	105,425.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	145,241.
3	Subtract line 2e from line 1			3	3,009,567.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4</b> a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,009,567.
<u> </u>	Total revenue. Add lines of and te: (This must equal Form 990, Part 1, line 12.)				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F		1.
<b>P</b> a 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
_	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Return	1.
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ents With	Expenses per F	Return	1.
1 2	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With 	Expenses per F	Return	1.
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With 	Expenses per F	Return	1.
1 2 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	Expenses per F	Return	n. <u>1,808,458.</u>
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           2b           2c           2d	Expenses per F	Return	n. <u>1,808,458.</u> 105,425.
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	1	n. <u>1,808,458.</u>
1 2 b c d e	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	Expenses per F	1 2e	n. <u>1,808,458.</u> 105,425.
1 2 b c d 3	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	Expenses per F	1 2e	n. <u>1,808,458.</u> 105,425.
1 2 3 4	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2c 2d 4a	Expenses per F	1 2e	n. <u>1,808,458.</u> 105,425.
1 2 3 4 3	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d           2d	Expenses per F	1 2e	n. <u>1,808,458.</u> <u>105,425.</u> <u>1,703,033.</u> 0.
1 2 d e 3 4 b c 5	<b>XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	Expenses per F	1 2e 3	n. <u>1,808,458.</u> <u>105,425.</u> 1,703,033.

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

PART V, LINE 4:

INTEREST FROM THIS FUND WILL BE USED TO FURTHER EFFORTS IN PROVIDING

VETERINARY AND MEDICAL CARE, OR IF UNUSUAL NEEDS ARISE, THE INTEREST MAY

BE USED TO ASSIST FAMD AS NEEDED.

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A

TAX-EXEMPT ORGANIZATION UNDER SECTION 501 (C)(3) OF THE U.S. INTERNAL

REVENUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW AND, ACCORDINGLY,

IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES.

132054 10-28-21

Schedule D [Germ 990] 2021 FRIENDS FOR ANTIMALS OF METRO DETROIT 38-3171570 Page 5. Part XIII Supplemental Information (contrued)	Schedule D	) (Form 990) 2021	FRIENDS	FOR	ANIMALS	OF	METRO	DETROIT	38-3171570	Page 5
	Part XIII	Supplementa	al Information (cont	nued)						
Schadula D (Earr 900) 2021										
Schadula D // Sc										
Schadula D (Form 900) 2021										
Schartula D (Earm 901) 2021										
Schadula D (Earm 990) 2021										
Schartila D (Earm 990) 2021										
Schadula D (Earm 900) 2021										
Schedule D (Earm 900) 2021										
Schedule D (Form 900) 2021										
Schedule D (Form 900) 2021										
Schedule D (Earm 900) 2021										
Schedule D (Earm 900) 2021										
Schedule D (Earm 900) 2021										
Schedule D (Earm 900) 2021										
Schedule D (Earm 000) 2021										
									Schadula D (Earm 0	90) 2024

SCHEDULE G	Suppleme	ities 0	OMB No. 1545-0047							
(Form 990)	Complete if the	or if the								
	C	rganizat		Open to Public						
Department of the Treasury Internal Revenue Service	► Go	to www	Attach .irs.gov/Form				the latest informati	on.		Inspection
Name of the organization	ו									entification number
Part I Fundrais									38-3171	
	complete this part		te if the organi	zation ans	swered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
1 Indicate whether th	e organization rais	ed funds	through any c	of the follo	wing activ	rities. (	Check all that apply.			
a Mail solicitat			e			0	overnment grants			
— _ · · · ·	email solicitations		f		citation of		nment grants			
d In-person so			g			using	events			
<b>2</b> a Did the organization		r oral agr	eement with a	ny individ	ual (incluc	ling of	ficers, directors, trus	tees,	or	
• • •			•		-		undraising services?		Yes	
<b>b</b> If "Yes," list the 10				aisers) pu	rsuant to	agree	ments under which th	ne fui	ndraiser is to be	e
compensated at le	ast \$5,000 by the	organizat	tion.				-			
(i) Name and addres	s of individual				(iii) fundr	Did	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid
or entity (fund			(ii) Activity	/	have c or cor	ustody itrol of	from activity		fundraiser	to (or retained by) organization
					contrib			lis	ted in col. (i)	
					Yes	No				
					I	<u> </u>				
3 List all states in whi	ch the organizatio				cit contrib	utions	l or has been notified	it is	exempt from re	gistration
or licensing.										
LHA For Paperwork Re	eduction Act Noti	ce, see t	he Instructior	ns for For	m 990 or	990-E	Z.		Schedule	e G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 BLACK TIE	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0		(event type)	(event type)	(total number)	col. (c))
	Gross receipts	132,792.	73,846.	169,986.	376,624
2	2 Less: Contributions	105,660.	45,575.	48,410.	199,645
3	Gross income (line 1 minus line 2)	27,132.	28,271.	121,576.	176,979
4	Cash prizes		2,000.		2,000
5	Noncash prizes		609.		999
Direct Expenses	Rent/facility costs		10,011.		10,011
	Food and beverages	16,455.	6,287.	2,533.	25,275
ة 8	B Entertainment		6 05 6	<u>3,900.</u> 21,838.	8,600 31,355
		2 161	6 0 5 6 1	21 838	31 355
9	Other direct expenses	3,461.	6,056.	21,030.	51/555
10	<ul> <li>Direct expense summary. Add lines 4 thro</li> <li>Net income summary. Subtract line 10 fro</li> <li>Gaming. Complete if the organization</li> </ul>	ugh 9 in column (d) m line 3, column (d)		<b>&gt;</b>	78,240
10 10 Part	<ul><li>Direct expense summary. Add lines 4 thro</li><li>Net income summary. Subtract line 10 fro</li></ul>	ugh 9 in column (d) m line 3, column (d) on answered "Yes" on Form (a) Bingo		<b>&gt;</b>	(d) Total gaming (add col. (a) through col. (c
10 11 Part	<ul> <li>Direct expense summary. Add lines 4 thro</li> <li>Net income summary. Subtract line 10 fro</li> <li>Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> </ul>	ugh 9 in column (d) m line 3, column (d) on answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	78,240 98,739 (d) Total gaming (add
10 11 Part	O Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	78,240 98,739 (d) Total gaming (add
10 11 Part	<ul> <li>Direct expense summary. Add lines 4 thro</li> <li>Net income summary. Subtract line 10 fro</li> <li>Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> </ul>	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	78,240 98,739 (d) Total gaming (add
10 11 Part	<ul> <li>Direct expense summary. Add lines 4 thro</li> <li>Net income summary. Subtract line 10 fro</li> <li>Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> </ul>	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	78,240 98,739 (d) Total gaming (add
10 11 11 11 11 11 11 11 11 11 11 11 11 1	<ul> <li>Direct expense summary. Add lines 4 thro</li> <li>Net income summary. Subtract line 10 fro</li> <li>Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> </ul>	(a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	78,240 98,739 (d) Total gaming (add
10 11 10 11 12 2 2 3 4 4 5	<ul> <li>Direct expense summary. Add lines 4 thro</li> <li>Net income summary. Subtract line 10 fro</li> <li>Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Other direct expenses</li> <li>Volunteer labor</li> </ul>	ugh 9 in column (d)         m line 3, column (d)         on answered "Yes" on Form         (a) Bingo <td>b) Pull tabs/instant bingo/progressive bingo</td> <td>eported more than (c) Other gaming</td> <td>78,240 98,739 (d) Total gaming (add</td>	b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	78,240 98,739 (d) Total gaming (add

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021	FRIENDS FO	R ANIMALS	OF METRO	DETROIT	38-33	171570	Page <b>3</b>
<b>11</b> Does the organization conduc	ct gaming activities with no	nmembers?				Yes	No No
12 Is the organization a grantor,							
to administer charitable gamin						Yes	🗌 No
13 Indicate the percentage of ga							
a The organization's facility						13a	%
<b>b</b> An outside facility						13b	%
14 Enter the name and address of							
		Ū	0 0 .				
Name 🕨							
Address 🕨							
<b>15a</b> Does the organization have a	contract with a third party	from whom the or	ganization receive	es gaming revenue?		Yes	🗌 No
<b>b</b> If "Yes," enter the amount of	gaming revenue received b	y the organization	▶ \$	and the ar	nount		
of gaming revenue retained b			·				
<b>c</b> If "Yes," enter name and add							
Name 🕨							
Address 🕨							
<b>16</b> Gaming manager information	:						
Name 🕨							
Gaming manager compensati	ion 🕨 \$						
Description of services provid	led 🕨						
	<b>F</b> reedows						
Director/officer	Employee		endent contractor				
47 Manufatan diatrikationa							
<b>17</b> Mandatory distributions:	ndar atata law ta maka ah	vitable distribution	a from the comin	a proceedo to			
a Is the organization required u						Vec	🗌 No
retain the state gaming licens				araanizationa ar anan			
b Enter the amount of distributi organization's own exempt ac	•		a to other exempt	organizations or spen	it in the		
	formation. Provide the		uired by Part L line	2b. columns (iii) and (	w): and Part	III lines 9	9h 10h
	b, as applicable. Also provi				v), and i art	m, mes 9,	30, 100,
		de any additional					
132083 10-21-21					Schedu	le G (Form	990) 2021
		35				•	

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Schedule G	a (Form 990) Supplemental Inforr	FRIENDS	FOR	ANIMALS	OF	METRO	DETROIT	38-3171570	Page 4
Part IV	Supplemental Inforr	nation <sub>(continu</sub>	ed)						
								<b></b>	
132084 11-18-	-21							Schedule G (Fe	orm 990)

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2021

**Open to Public** Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 38-3171570

Par	tl	Types of Property							
			<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(o Method of o noncash contrib			;
1	Art -	Works of art			, , <b></b>				
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		and other vehicles							
7		is and planes							
8		lectual property							
9		urities - Publicly traded							
10		urities - Closely held stock							
11		urities - Partnership, LLC, or							
		interests							
12		urities - Miscellaneous							
13		lified conservation contribution -							
10		pric structures							
14		lified conservation contribution - Other							
15		estate - Residential							
16		estate - Commercial							
17		estate - Other							
18		ectibles							
19		d inventory							
20		is and medical supplies							
21		dermy							
22		prical artifacts							
23		ntific specimens							
24		eological artifacts							
25		er $\blacktriangleright$ (SUPPLIES )	Х	0	26,105.	COST OF DO	NATED	PF	₹OP
26	Othe	er 🕨 ()							
27	Othe	er 🕨 ()							
28	Othe	er 🕨 ( )							
29	Num	ber of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for v	vhich the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	Duri	ng the year, did the organization receive by	o contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	mus	t hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exer	npt purposes for the entire holding period?					30a		X
b		es," describe the arrangement in Part II.							
31		s the organization have a gift acceptance p				ions?	31		X
32a	Doe	s the organization hire or use third parties o	or related or	ganizations to solid	cit, process, or sell noncash				
		ributions?					32a		X
b		es," describe in Part II.							
33	If the	e organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is chec	ked,			
	desc	ribe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Schedule M	(Form 990) 2021	FRIENDS							38-3171570	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the dditional informat	Provide e numbe ion.	e the infori r of contril	mation req butions, th	uired by Par le number of	t I, lines 30 items rece	b, 32b, and 33, ived, or a comb	and whether the organiza pination of both. Also com	ition plete
132142 11-17-2	21								Schedule M (Form	990) 2021

SCHEDULE O (Form 990)

Name of the organization

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

EZ 2021 Open to Public Inspection Employer identification number

OMB No. 1545-0047

FRIENDS FOR ANIMALS OF METRO DETROIT 38-

38-3171570

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

COMPANION ANIMALS IN NEED WHILE INSPIRING THE HUMAN-ANIMAL BOND.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PROVIDED FREE VACCINES, MICROCHIPS, AND PET LICENSES TO COMMUNITY-OWNED

PETS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TO MAINTAIN CDC GUIDELINES DURING COVID, POTENTIAL ADOPTERS NO LONGER COULD VISIT OUR ADOPTION CENTER WITHOUT AN APPOINTMENT. THIS ENABLED US TO ENSURE PROPER SOCIAL DISTANCING AND ADDITIONAL CLEANING PROTOCOLS

BETWEEN APPOINTMENTS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE PRESIDENT AND CEO, BOARD PRESIDENT, BOARD CHAIR, FUNDRAISING COMMITTEE CHAIR, ANIMAL WELFARE COMMITTEE CHAIR, AND FINANCE DIRECTOR. THE LEVEL OF FRIENDS FUND DISBURSEMENTS IS APPROVED IN THE BUSINESS PLAN AS PART OF THE ANNUAL STRATEGIC PLANNING PROCESS. ANY ADDITIONAL DISBURSEMENTS THROUGHOUT THE YEAR MUST FIRST BE APPROVED BY A MAJORITY VOTE OF ATTENDING MEMBERS AT EXECUTIVE COMMITTEE MEETING OR BY ANY THREE BOARD OFFICERS. SPENDING OVER THE SUM OF \$20,000 MUST BE APPROVED BY ANY TWO MEMBERS OF THE EXECUTIVE COMMITTEE. THE PRESIDENT AND CEO IS A NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE.

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

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization FRIENDS FOR ANIMALS OF METRO DETROIT	Employer identification number 38-3171570
A COMPLETE COPY OF THE FORM 990 WILL BE PROVIDED TO ALL ME	EMBERS OF THE
ORGANIZATIONS GOVERNING BODY PRIOR TO FILING. THE BOARD WI	ILL RECEIVE A
DIGITAL COPY OF THE FORM 990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY AND COMPLIANCE PROCEDURE- IT I	IS THE
RESPONSIBILITY OF ALL BOARD MEMBERS TO FAMILIARIZE THEMSEI	VES WITH THIS
POLICY AND TO COMPLY TO ENSURE COMPLIANCE OF RELATED PARTI	IES WITH IT.
ANNUALLY EACH BOARD MEMBER AND EMPLOYEE WILL BE PROVIDED W	VITH A STATEMENT
TO COMPLETE AND RETURN INDICATING THAT THEY HAVE READ, UNI	DERSTAND, AND ARE
IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD	MEMBERS WHO
KNOWINGLY OR UNKNOWINGLY VIOLATE THIS POLICY ARE SUBJECT T	O CENSURE OR
REMOVAL AT THE DISCRETION OF THE BOARD. EMPLOYEES WHO KNOW	VINGLY OR
UNKNOWINGLY VIOLATE THIS POLICY WILL BE SUBJECT TO DISCIPI	INARY ACTION,
INCLUDING POSSIBLE DISMISSAL.	

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

THE FINANCE COMMITTEE IS RESPONSIBLE FOR RECOMMENDING TO THE BOARD OF DIRECTORS ANY CHANGES TO THE COMPENSATION TO THE PRESIDENT AND CEO WHICH INCLUDES ANY INCREASES TO BASE SALARY AND ANY ADDITIONAL CASH PAYMENTS SUCH AS BONUSES. THE FINANCE COMMITTEE WILL CONDUCT AN ANNUAL REVIEW WHICH WILL INCLUDE COMPETITIVE DATA AND THE PERFORMANCE OF THESE INDIVIDUALS. THE FINANCE COMMITTEE WILL MAKE THEIR RECOMMENDATIONS BASED ON COMPETITIVE DATA OF SALARIES OF THE LEADERS OF SIMILAR ORGANIZATIONS, AS SUPPLIED BY THE SOCIETY OF ANIMAL WELFARE ADMINISTRATORS (SAWA) COMPENSATION SURVEY AND ANY OTHER RELEVANT COMPENSATION INFORMATION. SAWA IS A NATIONALLY RECOGNIZED ANIMAL WELFARE ORGANIZATION THAT CONDUCTS ANNUAL SALARIED SURVEYS. THE BOARD OF DIRECTORS WILL CONSIDER AND VOTE ON THE FINANCE COMMITTEE Schedule O (Form 990) 2021 132212 11-11-21 40

Schedule O (Form 990) 2021		Page
Name of the organization	MALS OF METRO DETROIT	Employer identification number 38-3171570
RECOMMENDATION, AS OUTLINED B	Y THE BYLAWS.	
FORM 990, PART VI, SECTION C,	LINE 19:	
THE GOVERNING DOCUMENTS, CONF	LICT OF INTEREST POLICY, THE	AUDITED FINANCIAL
STATEMENTS AND THE 990 ARE PO	STED ON THE FRIENDS FOR ANIM	ALS OF METRO
DETROIT WEBSITE. THEY WILL AL	SO BE MADE AVAILABLE UPON RE	QUEST.
132212 11-11-21		Schedule O (Form 990) 202 <sup>.</sup>
.01115 144198 159913	41 2021.05000 FRIENDS FOR	

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(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре с	r Name of exempt organization or other filer, see instru	Taxpayer	Taxpayer identification number (TIN)				
print	FRIENDS FOR ANIMALS OF METRO DETROIT				38-3171570		
File by th due date filing you	by the date for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. Se instructio							
Enter t	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1	
Application		Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	Form 4720 (individual) 03 Form 4720 (other than individual)				09		
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) SUZANNE JOHNSON	07					
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>1</li> <li>t</li> <li>t</li> <li>2</li> <li>1</li> </ul>	request an automatic 6-month extension of time until	Group Exe and atta <b>NOVE1</b> anization's , an heck reaso	mption Number (GEN), . <u>ch a list with the names and TINs of</u> <u><b>1BER 15, 2022</b>, to file return for: d ending on: Initial return</u>	If this is for all membe	r the whole grou ers the extension npt organization	n is for.	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 iny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
<ul> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.</li> <li>3t</li> </ul>					\$	0.	
c E	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	n this form, if required, by				
i	ising EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-TE	for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form <b>8868</b>	(Rev. 1-2022)	

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