Form	99	0
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Department of the Treasury Internal Revenue Service

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



Α	For th	e 2022 calendar year, or tax year beginning and	ending	-	
В	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	FRIENDS FOR ANIMALS OF METRO DETROIT			
F	Name			38-317157	70
	Initial returr		Room/suite	E Telephone number	
	Final	2661 CREENETELD		313-943-2	
	termi ated			G Gross receipts \$	2,657,788.
	Amer returr	ded DEADDODN MT 19120		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer. COKI KEDDEK		for subordinates'	? Yes 🔀 No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
_	Websi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1993 N	State of legal domicile: MI
Pa	art I	Summary			
۵ ۵	1	Briefly describe the organization's mission or most significant activities: FRIE			
Activities & Governance		DETROIT IS DEDICATED TO THE RESCUE, PROTE			
erné	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
Ň	3				18
3 0	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		68	
iviti	6	Total number of volunteers (estimate if necessary)			540
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	0.
					Current Year
en	8	Contributions and grants (Part VIII, line 1h)		2,741,582. 135,041.	<u>1,888,122.</u> 192,394.
Revenue	9	Program service revenue (Part VIII, line 2g)			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>31,455.</u> 101,489.	<u>-90,830.</u> 400,548.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,009,567.	2,390,234.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u> </u>	2,390,234.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	15	Benefits paid to or for members (Part IX, column (A), line 4)		866,282.	1,168,637.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Den		Total fundraising expenses (Part IX, column (Z), line 11e)	22.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		836,751.	1,102,260.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,703,033.	2,270,897.
	19	Revenue less expenses. Subtract line 18 from line 12		1,306,534.	119,337.
or	-			ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		8,205,778.	8,243,211.
Assets	21	Total liabilities (Part X, line 26)		221,234.	125,415.
Net ,	_	Net assets or fund balances. Subtract line 21 from line 20		7,984,544.	8,117,796.
-		Signature Block		,,	-,,-200

Part II Signature Block

Т

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.

Sign	Signature of officer			Date	
-	CORY KELLER, PRESIDENT ANI	O 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	11/06	/23 self-employed	₽00187863
Preparer	Firm's name BAKER TILLY US, L	LP		Firm's EIN 39-	0859910
Use Only	Firm's address 790 N. WATER STRE	ET, SUITE 2000			
	MILWAUKEE, WI 532	02		Phone no. $414 -$	777-5500
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) FRIENDS FOR ANIMALS OF METRO DETROIT 38-3171570 Page t III Statement of Program Service Accomplishments
1 41	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FRIENDS FOR ANIMALS OF METRO DETROIT IS DEDICATED TO THE RESCUE,
	PROTECTION, AND ADOPTION OF COMPANION ANIMALS IN NEED WHILE INSPIRING
	THE HUMAN-ANIMAL BOND.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 729, 180 •including grants of \$) (Revenue \$198, 166 •
ти	PROVIDING LOVING CARE FOR LOST OR UNWANTED ANIMALS, ADOPTION OF GREAT
	PETS TO QUALITY HOMES, REUNITING LOST PETS WITH THEIR OWNERS.
	THIS TO CONDITT NOMES, REONTTING DODT THIS WITH THEIR OWNERS.
	INTAKE WAS 2,461 (844 DOGS AND 1,617 CATS) DOMESTIC ANIMALS.
	INTAKE WAS 2,401 (044 DOGS AND 1,017 CATS) DOMESTIC ANIMALS.
	PLACE RATE OVERALL WAS 88% AND ALL ANIMALS HAVE AGE-APPROPRIATE
	VACCINES AND ARE SPAYED OR NEUTERED AND MICROCHIPPED.
	PEOPLE WHO VISITED THE SHELTER IN 2022 TOTALED 5,429.
4b	(Code:) (Expenses \$ 74,710 . including grants of \$) (Revenue \$)
	EDUCATING OUTREACH TO PROMOTE HUMANE CARE, SPAY & NEUTER PROGRAMS,
	MICROCHIP PROGRAMS, DOG TRAINING AND ASSISTANCE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
τu	
40	
<u>4e</u>	Total program service expenses 1,803,890. Form 990 (202
232002	12-13-22

Form 990 (20	022)	FRIENDS	FOR	ANIMALS	OF	METRO	DETROIT
Part IV	Checklist of	Required Sche	edules	i			

			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	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	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	_		v
~	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			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.6		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
10		18	Х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
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Form 990 (2022) FRIENDS FOR ANIMALS OF METRO DETROIT Part IV Checklist of Required Schedules (continued) (continued) (continued) (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	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? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C		28c		x
20	"Yes," complete Schedule L, Part IV	200	Х	- 23
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		<u> </u>
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
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Form	990 (2022) FRIENDS FOR ANIMALS OF METRO DETROIT 38-3171	570	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
		7-		v

	to file Form 8282?			/C		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	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				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	6			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form 990	(2022)
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FRIENDS FOR ANIMALS OF METRO DETROIT

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1 01111 000 0									l ug
Part VI	Governance, M	Management,	and Disclosure.	For each "Yes" re	esponse to lines 2 through	7b below, ai	nd for a "N	lo" re	sponse
					ges on Schedule O. See ir				

		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18			
	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	12			
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?	L	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	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ξ Γ			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	···			
	The governing body?	- E	8a	Х	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
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.)	<u></u>	-		
	(mis dection b requests mormation about policies not required by the internal neveral code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	F	104		
0			10b		
110	· · · · · · · · · · · · · · · · · · ·	····· ⊢	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	·	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- F	10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	····· –	12a	л Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	F.	12b	Λ	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v	
	on Schedule O how this was done	···· F	12c	X	
13	Did the organization have a written whistleblower policy?	···· ⊢	13	X	
14	Did the organization have a written document retention and destruction policy?	-	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization	L	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	<u></u>	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <u>MI</u>				
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 c	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and f	inanc	ial	
	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				
	CORY KELLER - (313)-943-2697				
	2661 GREENFIELD, DEARBORN, MI 48120				

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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.

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

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232007 12-13-22

Form 990 (2022)

	FOR ANIN	1AI	٦S	OF	Μ	ſΕT	RC) DETROIT	38-31	L71.	570	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation fromReportable compensation									on amount of			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		comper from organi and re organiz	the zation elated
(18) RICHARD TRUETT	3.00											
BOARD MEMBER	1 00	X						0.		0.		0.
(19) JULIE WALKER BOARD MEMBER	1.00	x						0.		0.		0.
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1b Subtotal c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)2Total number of individuals (including but r								0. eceived more than \$100,	000 of reportable	0.		0.
compensation from the organization											Ye	0 es No
3 Did the organization list any former officer	, director, trust	ee, k	key e	emple	oye	e, or	hig	hest compensated empl	oyee on	[
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the sea and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." con	nplete Schedul	e J f	or su	ich r	bers	on .					5	X
Section B. Independent Contractors 1 Complete this table for your five highest complete the your five highest c	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion from	
the organization. Report compensation for	the calendar y	ear e	endin	ıg wi	ith c	or wi	thin T		ear.		(0)	
(A) Name and business	address							(B) Description of s	ervices	С	(C) ompensa	tion
ROUNDTABLE-SIX, LLC	NT MT A	0 0	0 /					STRATEGIC	arc and		112	257
580 KIRTS, SUITE 300, TRO	<u>)Y, MI 4</u>	00	04				_	COMMUNICATIO	N5		143,	257.
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2 Total number of independent contractors (i	ncluding but n	ot lir	nitec	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ	zation				1	L					Form 99	0 (0000)
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232008 12-13-22

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FRIENDS FOR ANIMALS OF METRO DETROIT

Form 990 (2022)

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38-3171570 Page 9

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

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e 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 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 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 Payments to affiliates 23 Insurance	
Do not incluide amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII. Total expenses Program service expenses (C) Program service expenses (C) Program service expenses (D) Prodrawing expenses 1 Grants and other assistance to domestic individuals. See Part IV, line 21 1	
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2 Grants and other assistance to domestic individuals. See Part IV, line 22 Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of compensation of compensation of compensation of compensation of compensations (molde section 400(k) and 400(k) employee contributions) Image: Compensation of compen	
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23 Insurance 26,291. 22,602. 2,175. 1,1	,265.
	,514.
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.)	105
	,136.
	,708.
c VETERINARY SERVICES 146,838. 146,838.	
d DUES AND SUBSCRIPTIONS 101,573. 65,145. 32,801. 3,0	,627.
	,332.
25 Total functional expenses . Add lines 1 through 24e 2,270,897. 1,803,890. 166,085. 300,9	,922.
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)	

232010 12-13-22

11 2022.05000 FRIENDS FOR ANIMALS OF ME 159913_1

Form 990 (2022)

15561106 144198 159913

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing Savings and temporary cash investments

2,667,740. 2,996,118. 2 305,000. 162,000. Pledges and grants receivable, net 3 3 33,559. 1,800. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 3,770. 3,770. 8 Inventories for sale or use 8 12,601. 5,437. 9 Prepaid expenses and deferred charges a **10a** Land, buildings, and equipment: cost or other 4,556,373. basis. Complete Part VI of Schedule D _____ 10a 694,618. 3,923,938. 3,861,755. b Less: accumulated depreciation _____ 10b 10c 622,291. 542,307. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 429,686. 309,164. Other assets. See Part IV, line 11 15 15 8,205,778. 8,243,211. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 38,348. 118,484. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 182,886. 6,931. 25 of Schedule D 221,234. 125,415. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,902,697. 5,431,068. Net assets without donor restrictions 27 27 3,215,099. 2,553,476. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 7,984,544. 8,117,796. 32 Total net assets or fund balances 32 8,205,778. 8,243,211. 33 33 Total liabilities and net assets/fund balances

Form 990 (2022)

1

2

(B) End of year

329,101.

(A) Beginning of year

238,952.

1

	990 (2022) FRIENDS FOR ANIMALS OF METRO DETROIT	38-	<u>31715 31715 3</u>	70	Pag	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1),2:		
2	Total expenses (must equal Part IX, column (A), line 25)	2),89		
3	Revenue less expenses. Subtract line 2 from line 1	3				37.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>7,</u>	984	1,54	<u>44.</u>	
5	Net unrealized gains (losses) on investments	5		1:	<u>3,9</u> :	15.	
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	8,	11	7,7 <u>9</u>	<u>96.</u>	
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	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	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?		L	2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain 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					1	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it 🛛			1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b			
					000		

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

н

Name of	of the	organization
---------	--------	--------------

Nam	e of t	the organization						Employer	identification number				
		FRIE	NDS FOR AN	IMALS OF METH	RO DET	TROIT		3	8-3171570				
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.					
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)								
3	\square)(b)(1)(A)(ii	ii).						
4	\square	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
•		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
Ŭ		section 170(b)(1)(A)(iv). (C			or opoide	ou oy u go							
6		A federal, state, or local gov		ontal unit described in	saction 17	70/61/11/01	64						
	X							o gonoral r	aublic described in				
'	<u> </u>	An organization that norma section 170(b)(1)(A)(vi). (C		Initial part of its support if	on a gove	ennentai		le general p					
•				(1)(A)();) (Complete Der	• 11 \								
8		A community trust describe						In and an and					
9		An agricultural research org	-			-		-	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:											
10		An organization that norma											
		activities related to its exem							-				
		income and unrelated busir		(less section 511 tax) fro	om busines	sses acqui	red by the org	janization a	ifter June 30, 1975.				
		See section 509(a)(2). (Con											
11		An organization organized a	•										
12		An organization organized a	-	•	-			•					
		more publicly supported or	-						Check the box on				
		lines 12a through 12d that	• •			-		-					
а		Type I. A supporting orga			• • • •	-							
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting				
		organization. You must o	•										
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported				
	_	_ organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness				
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.												
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
	functionally integrated, or Type III non-functionally integrated supporting organization.												
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) to the error	nization listed							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount or	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)				
_													
Tota													

Schedule A (Form 990) 2022 FRIENDS FOR ANIMALS OF METRO DETROIT

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1454932.	1738926.	1337087.	2741582.	1888122.	9160649.	
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.	46,000.	230,000.	
4	Total. Add lines 1 through 3	1500932.	1784926.	1383087.	2787582.	1934122.	9390649.	
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)						1450782.	
6	Public support. Subtract line 5 from line 4.						7939867.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	1500932.	1784926.	1383087.	2787582.	1934122.	9390649.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	40,969.	35,017.	19,471.	30,770.	12,517.	138,744.	
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						9532923.	
	Gross receipts from related activities,	etc. (see instructio	ons)			12	865,360.	
	First 5 years. If the Form 990 is for th	•	,			D1(c)(3)		
	organization, check this box and stor	-						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	83.29 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	83.32 %	
	33 1/3% support test - 2022. If the o					ore, check this bo>	and	
	stop here. The organization qualifies						V	
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c					
	and if the organization meets the fact							
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-		• • • •	-			
	more, and if the organization meets th	-						
	organization meets the facts-and-circu							
18	Private foundation. If the organization		•					
							(Form 990) 2022	

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	membership tees 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								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	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								
8	Public support. (Subtract line 7c from line 6.)								
See	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) To	otal
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	 Unrelated business taxable income 								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	organizatio	n,	
	check this box and stop here	<u></u>			<u></u>		<u></u>	<u></u>	
See	ction C. Computation of Publi	c Support Per	centage						
15	Public support percentage for 2022 (ine 8, column (f), d	livided by line 13, o	column (f))		15			%
16	Public support percentage from 2021	Schedule A. Part	III. line 15			16			%
	ction D. Computation of Inves								
	Investment income percentage for 20			ne 13. column (f))		17			%
18	Investment income percentage from 2					18			%
	a 33 1/3% support tests - 2022. If the						and line 1	is not	/0
195								15 1101	
	more than 33 $1/3\%$, check this box ar	-	•		•		00 1/00/		📖
b	33 1/3% support tests - 2021. If the	-						DI	
	line 18 is not more than 33 1/3%, che			-		-			
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Schedule A (Form 990) 2022 FRIENDS FOR ANIMALS OF METRO DETROIT Part III Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2018

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and

(f) Total

(e) 2022

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

(b) 2019

(c) 2020

(d) 2021

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Schedule A (Form 990) 2022

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1

Ye<u>s</u>

No

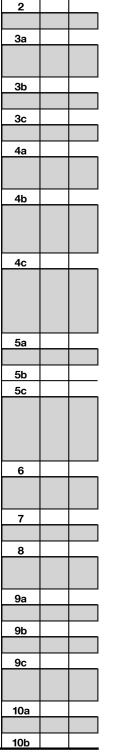
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 FRIENDS FOR ANIMALS OF METRO DETROIT 38-3171570 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No

- 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?
- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.
Section C. Type II Supporting Organizations

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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

the supported organization(s). Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- 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.*

c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ction <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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

11a

11b

11c

1

2

Yes

No

No

No

Yes |

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Sche	dule A (Form 990) 2022 FRIENDS FOR ANIMALS OF			38-3171570 Page 6		
Ра	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	n Nov. 20, 1970 (<i>explair</i>	n in Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must	t 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-functional	lly integra	ted Type III supporting of	organization (see		

instructions).

Schedule A (Form 990) 2022

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FRIENDS	FOR	ANIMALS	OF	METRO	DETROIT
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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - prior	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 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		-	10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2022	IS	Distributable Amount for 2022	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
b	Excess from 2019					
c	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

(See instructions.)	, <u> </u>		rt for any additional information.	
SCHEDULE A, PART II, LI	NE 10, EXPLANATIO	N FOR OTHER	INCOME:	
OTHER INCOME				
2019 AMOUNT: \$ 3,530.				
232028 12-09-22			Schedule A (Form 990	<u>)) 202</u>

FRIENDS FOR ANIMALS OF METRO DETROIT

Schedule A (Form 990) 2022

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 2022

OMB No. 1545-0047

Employer identification number

DETROIT	38-3171570

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

FRIENDS FOR ANIMALS OF METRO

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 for an *exclusively* set in the set of t

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) (2022)

Schedule B (Form 990) (2022)

FRIENDS FOR ANIMALS OF METRO DETROIT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	57,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	250,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	66,475.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	114,052.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	210,762.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	235,131.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Page 2

38-3171570

Schedule B (Form 990) (2022)

Name of organization

223452 11-15-22

15561106 144198 159913

FRIEN	DS FOR ANIMALS OF METRO DETROIT	8-3171570	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FUNDRAISING AUCTION ITEMS		
		\$707.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

25

Schedule B (Form 990) (2022)

$15561106 \ 144198 \ 159913$

2022.05000 FRIENDS FOR ANIMALS OF ME 159913_1

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

	B (Form 990) (2022)			Page			
Name of c	organization			Employer identification number			
FRIEN	DS FOR ANIMALS OF METRO	DETROIT		38-3171570			
Part III	from any one contributor. Complete columns (a)	through (e) and the following line charitable, etc., contributions of \$1,000	entry. For ord	(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer o	f gift				
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
		(e) Transfer o	f gift				
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer o nd ZIP + 4	sfer of gift Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer o	f gift				
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee			
223454 11-1	L 5-22			Schedule B (Form 990) (202			

e B (Form 99 0) (4

15561106 144198 159913

SCHEDULE	ΞD
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(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.





Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS FOR ANIMALS OF METRO DETROIT

Employer identification number 38-3171570

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor o		
Par		ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assots
Fai	Complete if the organization answered "Yes" on Form		lifer Similar Assets.
10			and balance sheet works
Id	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar		-
h			
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	lerance of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		•
0		asuros, or other similar assots for financia	
2	If the organization received or held works of art, historical tre-		ii gaiii, provide
-	the following amounts required to be reported under FASB A	-	¢
	Revenue included on Form 990, Part VIII, line 1		•
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions	s for Form 990	
		5 101 1 01111 990.	Schedule D (FUIII 550) 2022
23205 I	09-01-22	27	

	dule D (Form 990) 2022 FRIENDS t III Organizations Maintaining C	FOR ANIMAL	S OF METRO	DETROIT	or Simila	38-31	71570) Page 2
							(contin)	ued)
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that make	significant	use of its		
	collection items (check all that apply):		<u> </u>					
a		d		hange program				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					se in Part	XIII.	
5	During the year, did the organization solicit of				lar assets	_		
Dai	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran				-		Yes	No
T ai	reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes"	on Form 990	J, Part IV,	line 9, or	
10			and for contribution	or other eccete p	at included			
Id	Is the organization an agent, trustee, custodi						Yes	No
h	on Form 990, Part X?					L		
D			owing table.				Amount	,
<u>د</u>	Beginning balance				1c		,	
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on F				····· •	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			
Par		f the organization and	wered "Yes" on Fo	rm 990, Part IV, lin	e 10.			
	· · · · ·	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years back
1a	Beginning of year balance	622,291.	632,505.	559,623	. 4	193,290.		555,461.
	Contributions							
	Net investment earnings, gains, and losses	79,134.	71,271.	75,155	. 1	LO6,498.		-28,218.
	Grants or scholarships							
	Other expenditures for facilities							
	and programs	850.	81,485.	2,273		40,165.		33,953.
f	Administrative expenses							
g	End of year balance	542,307.	622,291.	632,505	. 5	559,623.		493,290.
2	Provide the estimated percentage of the cur	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	,	%	,				
b	Permanent endowment 100	%	_					
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered for	the			
	organization by:	Ũ					Γ	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?					
_4	Describe in Part XIII the intended uses of the		/ment funds.					
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c	Accumulate	ed	(d) Book	k value
		basis (investm	,	. ,	depreciation	·		
1a	Land			0,000.),000.
	Buildings		3,73	6,062.	156,4	25.	3,579	9,637.
	Leasehold improvements							
	Equipment		52	0,311.	538,1	93.	-17	7,882.
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X	. column (B), line 1	0c.)			3,861	L,755.
						Schedule	D (Form	990) 2022

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Schedu	ıle D (Form 990) 2022	FRIENDS FOR	ANIMALS OF	METRO DETROIT	38-3171570 Page 3
Part	VII Investments - C	Other Securities.			
				e 11b. See Form 990, Part X,	
	escription of security or catego	Ory (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
	sely held equity interests				
(3) Oth	ier				
<u>(A)</u> (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	Col. (b) must equal Form 990,				
Part	VIII Investments - F	-			
				e 11c. See Form 990, Part X,	
	(a) Description of i	nvestment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
	Col. (b) must equal Form 990,	Part X col (B) line 13)			
Part					
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X,	line 15.
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>	(O 1		45)		
Part	Column (b) must equal For X Other Liabilities	rm 990, Ραπ Χ, col. (Β) line S.	9 (5.)		
			on Form 990. Part IV. lin	e 11e or 11f. See Form 990, I	Part X. line 25.
1.		scription of liability			(b) Book value
	Federal income taxes	<u> </u>			
(2)	PPP LOAN				6,931.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	., .		-		
				to the organization's financial	
org	anization's liability for unc	ertain tax positions under	FASB ASC 740. Check	here if the text of the footnote	e has been provided in Part XIII X

232053 09-01-22

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 FRIENDS FOR ANIMALS OF MET				<u>3171570 _{Page}4</u>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	2,486,820.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	13,915.		
b	Donated services and use of facilities	_ 2b	84,890.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	98,805.
3	Subtract line 2e from line 1			3	2,388,015.
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	4a	2,219.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	2,219.
5				5	2,390,234.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With			<u>2,390,234 </u> n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With			n.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		2,390,234. n. 2,353,568.
Pa	rt 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	letur	n.
Ра 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	letur	n.
Pa 1 2	Image: style="text-align: center;">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	letur	n.
Pa 1 2 a	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents With	Expenses per F	letur	n.
Pa 1 2 a b	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	ents With 2a 2b 2c	Expenses per F	letur	n. 2,353,568.
Pa 1 2 b c d	Image: Second	ents With 2a 2b 2c 2d	Expenses per F	letur	n. 2,353,568. 84,890.
Pa 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.) Add lines 2a through 2d	ents With 2a 2b 2c 2d	Expenses per F	1	n. 2,353,568.
Pa 1 2 b c d e	Image: Network State State Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.)	ents With 2a 2b 2c 2d	Expenses per F 84,890.	1 2e	n. 2,353,568. 84,890.
Pa 1 2 b c d 3	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:	ents With 2a 2b 2c 2d	Expenses per F	1 2e	n. 2,353,568. 84,890.
Pa 1 2 a b c d e 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 2d 4a	Expenses per F 84,890.	1 2e	n. 2,353,568. 84,890. 2,268,678.
Pa 1 2 a b c d e 3 4 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 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 2d 4a 4b	Expenses per F 84,890. 2,219.	1 2e	n. 2,353,568. 84,890. 2,268,678. 2,219.
Pa 1 2 a b c d e 3 4 a b c 5	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 Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 4a 4b	Expenses per F 84,890. 2,219.	1 2e 3	n. 2,353,568. 84,890. 2,268,678.

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.

THE	ORGANIZATION	IS	REQUIRED	то	ASSESS	WHETHER	IT	IS	MORE	LIKELY	THAN	NOT	
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232054 09-01-22

Schedule D (Form 990) 2022

 Schedule D (Form 990) 2022
 FRIENDS FOR ANIMALS OF METRO DETROIT
 38-3171570
 Page 5

 Part XIII
 Supplemental Information (continued)

 THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL

 MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF

 ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN

 NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED

 IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS DETERMINED

 THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO

 UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" or organization entered more than \$				r 19, d	or if the	2022				
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection				
Name of the organization		o www.irs.gov/Form990 for instru	uctions	and th	ne latest information		Employer i	dentification number				
Name of the organization	38-317											
Part I Fundrais	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not											
required to complete this part.												
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization 	tions email solicitations tations licitations on have a written o	f Solicit g Specia or oral agreement with any individua	ation of ation of al fundra al (incluc	non-g gover aising d	overnment grants nment grants events ficers, directors, trus	tees, o		es 🗌 No				
• • •	highest paid indiv	art VII) or entity in connection with <i>r</i> iduals or entities (fundraisers) purs organization.			-	ne fun						
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or cor	ustody	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No								
Total												
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from	registration				

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

Schedule G (Form 990) 2022

232081 10-27-22

<u>38-3171570</u> Page 2

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 FORE THE ANIMALS	(c) Other events	(d) Total events (add col. (a) through
٦			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	142,272.	73,716.	242,190.	458,178
	2	Less: Contributions				
	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)	142,272.	73,716.	242,190.	458,178
	4	Cash prizes	2,500.	2,500.		5,000
	5	Noncash prizes	0.	0.		
nirect Expenses	6	Rent/facility costs	21,148.	17,638.	1,708.	40,494
	7	Food and beverages	2,803.	0.		2,803
5	8	Entertainment	2,200.	0.		2,200
	9	Other direct expenses		1,914.	7,667.	2,200 12,905
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I				<u>63,402</u> 394,776
a	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		eported more than	
T	<u>π</u> ι	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or ro (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	
Т	1	\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		
	<u>1</u> 2 3	\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		
aniaau	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	1	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	1	(b) Pull tabs/instant		
	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	1	(b) Pull tabs/instant bingo/progressive bingo		
	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
aniaau	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 2 3 4 5 6 7 8 Ent	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

232082 10-27-22

Schedule G (Form 990) 2022

b If "Yes," explain:

Sch	edule G (Form 990) 2022	FRIENDS	FOR	ANIMALS	OF	METRO	DETROIT	38-3	1715	70 Page 3
11	Does the organization conduct ga	ming activities w	rith non	members?					Y	es 🗌 No
12	Is the organization a grantor, bene	eficiary or trustee	of a tru	ust, or a member	of a pa	artnership c	or other entity fo	rmed		
	to administer charitable gaming?								Y	es 🗌 No
13	Indicate the percentage of gaming	g activity conduc	ted in:							
а	The organization's facility								13a	%
b	An outside facility								13b	%
14	Enter the name and address of the	e person who pre	epares t	the organization'	s gamir	ng/special e	events books an	d records:		
	Name									
	Address									
15.	Deep the eventiation have a cont	treat with a third	north of the	on whom the or	aaniaat					es 🗌 No
158	Does the organization have a cont	uraci with a thirt	party ir	on whom the or	yanizai	lon receive	s garning reven		•	
h	If "Yes," enter the amount of gami	ina revenue recei	ived hv	the organization	ı \$		and	the amount		
~	of gaming revenue retained by the				ψ		un			
	If "Yes," enter name and address									
		or the third party	•							
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
	Description of services provided									
		— .		<u> </u>						
	Director/officer	Employee		lndep	endent	contractor				
47										
17	Mandatory distributions: Is the organization required under	atata law ta mal	a obori	tabla diatribution	o from	the coming	n procodo to			
d									Y	es 🗌 No
h	Enter the amount of distributions	required under st								
	organization's own exempt activiti	•		\$		iei exempt	organizations of	spentinule		
Pa	rt IV Supplemental Inform				ired bv	Part I. line	2b. columns (iii)	and (v): and Par	t III. lines	s 9. 9b. 10b.
	15b, 15c, 16, and 17b, as								,	, , , , ,
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00.05	20.40.07.00							Cabad		vrm 000\ 0000
2320	83 10-27-22			34				Schedu	e (r (r (orm 990) 2022

Schedule G	(Form 990) Supplemental Inform	FRIENDS	FOR	ANIMALS	OF	METRO	DETROIT	38-3171570	Page 4
	Supplemental Infor	mation (contin	ued)						
-									
								Schedule G (Fo	orm 990)

232084 04-01-22

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022 Open to Public

Inspection

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.

Name of the organization

FRIENDS FOR ANIMALS OF METRO DETROIT

Employer identification number	•
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38-3171570

(a) (b) (b) (c) (c) 1 Art - Works of at (c) (c) Method of determining noncash contribution amounts reported on amount reported on amount reported on amount reported or any nonstandard contributions reported on amount in column (c) for a type of property reported in Part I, lines 1 checked, describe in Part II. (d) 1 Art - Real restance reported on amount in column (c) for a type of property for which column (a) is check	Par	tl	Тур	pes of Property								
1 Art - Works of at					Check if	Number of contributions or	Noncash contrib amounts reporte	ed on	Method of de	etermin	•	s
2 Art - Historical treasures 4 Books and publications 5 Cothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Noticly traded 10 Securities - Noticly traded 11 Securities - Naticly traded 12 Securities - Naticly traded 13 Securities - Naticly traded 14 Securities - Naticly traded 15 Securities - Naticly traded 16 Securities - Naticly traded 17 Securities - Naticly traded 18 Securities - Closely held stock 19 Securities - Naticly traded 10 Securities - Closely held stock 11 Securities - Naticly traded 18 Securities - Naticly traded 19 Securities - Naticly traded 10 Securities - Naticly traded 11 Securities - Competition 16 Real estate - Other 16 Real estate - Other 17 Real estate - Other 18 Collectibles 19 Food invertory 20 Drugs and medical supplies 21 Taxdemry 22 Securities attracts 23 Number of Forms 2823 nealeyd by the organization during the tax year for contributions 24 Taxdemry 25 Other (29 Number of Forms 2823 nealeyd by the organization for explexity reported i	1	Art -	Works	of art			,	, j				
3 At - Fractional interests	-											
4 Books and publications	-											
5 Clothing and household goods												
6 Cars and other vehicles												
7 Boats and planes												
8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - Marcellaneous 13 Cualified conservation contribution - Historic structures												
9 Securities - Publicly traded												
10 Securities - Closely held stock												
11 Securities - Pathership, LLC, or trust interests 13 Securities - Miscellaneous 14 Cualified conservation contribution - Historic structures 15 Real estate - Residential 16 Real estate - Other 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidemry 22 Historic structures 23 Scientific specimens 24 Archeological artifacts 25 Other (20 20 21 Taxidemry 22 Scientific specimens 23 Scientific specimens 24 Archeological artifacts 25 Other (29 20 Number of Forms 8283 received by the organization during the tax year for contributions for which ter organization completed Form 8283, Part V, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which ter organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 Number of Forms 8283 received by the organization during the tax year for contributions? 30 During the year, did the organization receive by contributi												
trust interests 12 28 20 30 Qualified conservation contribution - Historic structures 41 Qualified conservation contribution - Other 13 Qualified conservation contribution - Other 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 17 Real estate - Other 18 20 19 Food inventory 20 10 21 7 7 22 11 23 24 Archeological artifacts 25 26 27 0ther (29 20 17 21 18 23 24 25 0ther (20 20 11 20 21 22 12 13 23 14 24 25 0ther (29 10 20 11 21 22 12 23 13 24 25 0ther (29 10 11 20 12 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>												
12 Securities · Miscellaneous	••											
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Historic structures												
14 Qualified conservation contribution · Other	10											
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16 Real estate · Commercial												
17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (26 Other (27 Other (28 Other (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 X 32a X b If "Yes," describe in Part II. 31 X 32a X b If "Yes," describe in Part II. 33a If the organization hird report an amount in column (c) for a type of property for which column (a) is checked,												
18 Collectibles												
19 Food inventory Image: constraint of the organization completed Form 8283, Part V, Donee Acknowledgement is through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Yes No 30 X Image: constraint of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Yes No 31 X Image: constraint of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Image: constraint of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Image: constraint of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Image: constraint of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Image: constraint of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Image: constraint of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Image: constraint of the organization hild part is or related organizations to solicit, process, or sell noncash contributions? Image: constraint of the organization hild part is or related organizations to solicit, process, or sell noncash contributions? Image: constraint of the constraint of the constraint of the organization hild part is or related organization to solicit, process, or sell noncash contributions? Image: consthe constraint of the constr												
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	FRIENDS	FOR	ANIMAL	S OF	METRO	DETROI	Т	38-3171570	Page 2
Part II	Supplemental is reporting in Part this part for any ac	l Information . t I, column (b), the dditional informat	Provide e numbe ion.	e the inform r of contribu	ation req utions, th	uired by Par e number of	t I, lines 30b, items receiv	, 32b, and 33, a ed, or a combi	and whether the organiza nation of both. Also com	ation plete
	. ,									
232142 09-09-2	2								Schedule M (Form	n 990) 2022

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.



Employer identification number 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 VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE PRESIDENT AND CEO, BOARD

FRIENDS FOR ANIMALS OF METRO DETROIT

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:

A COMPLETE COPY OF THE FORM 990 WILL BE PROVIDED TO ALL MEMBERS OF THE

ORGANIZATIONS GOVERNING BODY PRIOR TO FILING. THE BOARD WILL RECEIVE A

DIGITAL COPY OF THE FORM 990.

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

CONFLICT OF INTEREST POLICY AND COMPLIANCE PROCEDURE- IT IS THE

RESPONSIBILITY OF ALL BOARD MEMBERS TO FAMILIARIZE THEMSELVES WITH THIS

POLICY AND TO COMPLY TO ENSURE COMPLIANCE OF RELATED PARTIES WITH IT.

ANNUALLY EACH BOARD MEMBER AND EMPLOYEE WILL BE PROVIDED WITH A STATEMENT

 TO
 COMPLETE
 AND
 RETURN
 INDICATING
 THAT
 THEY
 HAVE
 READ
 UNDERSTAND
 AND
 ARE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

38

Schedule O (Form 990) 2022	Page 2				
Name of the organization FRIENDS FOR ANIMALS OF METRO DETROIT	Employer identification number 38-3171570				
IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD	MEMBERS WHO				
KNOWINGLY OR UNKNOWINGLY VIOLATE THIS POLICY ARE SUBJECT TO CENSURE OR					
REMOVAL AT THE DISCRETION OF THE BOARD. EMPLOYEES WHO KNOW	INGLY OR				
UNKNOWINGLY VIOLATE THIS POLICY WILL BE SUBJECT TO DISCIPL	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 RECOMMENDATION, AS OUTLINED BY THE BYLAWS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, THE AUDITED FINANCIAL STATEMENTS AND THE 990 ARE POSTED ON THE FRIENDS FOR ANIMALS OF METRO DETROIT WEBSITE. THEY WILL ALSO BE MADE AVAILABLE UPON REQUEST.

232212 10-28-22

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a	sonarato	application	for e	ach return	
гие а	Separate	application	IOI E	achreiurn	

► 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.

Type or	Name of exempt organization or other filer, see instruct	ctions.		Taxpaye	ridentificatio	n number (TIN)	
print	FRIENDS FOR ANIMALS OF METRO DETROIT					71570	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so						
City, town or post office, state, and ZIP code. For a foreign address, see instructions. DEARBORN, MI 48120							
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			01	
Applica	tion	Return	Application			Return	
ls For		Code	Is For	Code			
Form 99	0 or Form 990-EZ	01	Form 1041-A				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
Form 99	IO-T (corporation)	07					
• If this box 1 Ir th	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization regarded by the extension of time until the tax year beginning	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ich a list with the names and TINs of MBER 15, 2023 , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this sion is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
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.						0.	
	alance due. Subtract line 3b from line 3a. Include your pa			<u>3b</u>	\$		
using EFTPS (Electronic Federal Tax Payment System). See				3c	\$	0.	
	: If you are going to make an electronic funds withdrawal			153-TE an	d Form 8879	TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)	