EXTENDED TO NOVEMBER 15, 2022

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.

OMB No. 1545-0047 Open to Public Inspection

 Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning and ending Check If applicable: C Name of organization D Employer identification number Address change MICHIGAN ANIMAL RESCUE LEAGUE Name change 38-1557622 Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 790 FEATHERSTONE ST (248) 335-9290 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 2,169,545.]Amended return PONTIAC, MI 48342 H(a) Is this a group return Applica-tion F Name and address of principal officer: ROBIN WRIGHT for subordinates? [Yes X No pending 790 FEATHERSTONE ST, PONTIAC, MI 48342 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. See instructions Website: ► WWW.MARLEAGUE.ORG **H(c)** Group exemption number ▶ Form of organization: X Corporation Association Other > L Year of formation: 1953 M State of legal domicile; MI Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MICHIGAN Activities & Governance ANIMAL RESCUE LEAGUE IS TO PROVIDE THE HIGHEST QUALITY OF LIFE TO Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 12 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 31 5 Total number of volunteers (estimate if necessary) 239 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,637,921. 1,898,623. Revenue 9 Program service revenue (Part VIII, line 2g) 92,970. 166,135. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -23,334. 79,544. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -71,753. -158,697. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,635,804. 1,985,605. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 772,731. 853,589. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 567,683. 974,065. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,340,414. 1,827,654. Revenue less expenses. Subtract line 18 from line 12 1,295,390. 157,951. **Fund Balances Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 15,468,545. 14,053,154. 21 Total liabilities (Part X, line 26) 3,169,340. 1,143,891. Net assets or fund balances. Subtract line 21 from line 20 12,299,205. 12,909,263. 'art II | Signature Block der 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 e, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer ROBIN WRIGHT, PRESIDENT :re Type or print name and title Print/Type preparer's name Preparer's signature PTIN CHRIS TULL CHRIS TULL P02025596 self-employed Firm's name DOEREN MAYHEW parer Firm's EIN ▶ 38-2492570 Firm's address

305 WEST BIG BEAVER ROAD e Only TROY, MI 48084 Phone no. 248-244-3000

ly the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2021)

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
J	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
7	Section 50 (C)(5) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
Ĭ	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 	X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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	8		X
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes " complete Schedule D. Bort IV			
0	If "Yes," complete Schedule D, Part IV	9	 -	X
	or in quasi endowments? If "Yes " complete Schedule D. Det V	1		
1	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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,			l
	Part VI		v	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	X	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	445		v
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			v
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	11c		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	""	^	
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
la	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{x}{x}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
ï	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
)	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	X
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	1	X
ł	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
1	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
а	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
D	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	12-09-21	Form 9	990 ₍₂	2021)

38-1557622 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 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 X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 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 X 26 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 X 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Х 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 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 X 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 X 34 5a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 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 X 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 X 37 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 X 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 17 0

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Part V

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Yes No filed for the calendar year ending with or within the year covered by this return 31 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year? X За 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)? X 4a 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? Х 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 0 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 4a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Form 990 (2021) MICHIGAN ANIMAL RESCUE LEAGUE 38-1557622 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	tion A. Cavarrian Part vi at 18 a response or note to any line in this Part VI	******					X
oec.	tion A. Governing Body and Management		***************************************				
4.	Findow the manufacture and the state of the			(Yes	No
Ta	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	If there are material differences in voting rights among members of the governing body, or if the governing						l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	V-1-1	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other	- 1			ľ
_	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision	į			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?	I	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[5		X
6	Did the organization have members or stockholders?			[6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or	- 1			
	more members of the governing body?		*****************	[7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or	[
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:	Ι			
a	The governing body?		-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code)				
				***************************************		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,	··· [
	and branches to ensure their energians are consistent with the average time.				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?	, [11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		· ·	Ī			
2a	Did the organization have a written conflict of interest policy? If "No, " go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl	cts?	···	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			···	3		
	on Schedule O how this was done			l	12c	х	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?			` Г	14	Х	********
5	Did the process for determining compensation of the following persons include a review and approval			'''	••		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	J 11 144			l	1	
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization	• • • • • • • • • • • • • • • • • • • •	***************************************	··	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			"		==	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wit	hа	l			
	taxable entity during the year?				16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite na	ticination	·	100		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization			- 1		1	
	arrament atatus will be a second to south as a second of		•	- 1	404		
eci	ion C. Disclosure			ــــــــــــــــــــــــــــــــــــــ	16b		
7	List the states with which a copy of this Form 990 is required to be filed ►MI				····		
, 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	4 000 7	(cooting FOR	\(0\~			la.
	for public inspection. Indicate how you made these available. Check all that apply.	u 330-1	(Section 501(C)(3)S (JUIA) 9	wallab	ie
٠.	\\\\\\						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, constitutements excitable to the public during the tax years.	mict of	interest policy,	and i	inanc	ıaı	
n	statements available to the public during the tax year.	_					
0	State the name, address, and telephone number of the person who possesses the organization's book	ks and	records 🕨				
	AERON HUMES - 248-335-9290						
	790 FEATHERSTONE ST, PONTIAC, MI 48342						

~nrm	aan	(2021)	

MICHIGAN ANIMAL RESCUE LEAGUE

38-1557622

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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

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

- la 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 reportible compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of eportable 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, nore than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and title	Average	/dc	not c	Pos heck			ODA	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ls bot	h an	compensation	compensation	amount of
	week	_	Let al	Tuad	mecto	Trous	Tee)	from	from related	other
	(list any	recto					l	the	organizations	compensation
	hours for related	or di	eg eg			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trus		92	Suad	1	(W-2/1099-MISC/	1099-NEC)	organization
	below	ran -	ional		Ploy So	Eg a	١.	1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			organizations
1) AERON M HUMES	40.00	┢	Ť	100	×	I 8	┝			
XECUTIVE DIRECTOR		1		Х				95,652.	0.	0.
2) ROBIN WRIGHT	20.00						T		0.	<u> </u>
RESIDENT		X	ĺ	Х			İ	0.	0.	0.
3) JAMES ISSNER	4.00						Г			<u>`</u>
REASURER		Х		х				0.	0.	0.
4) PATRICIA COX	1.25								<u> </u>	<u> </u>
IRECTOR		Х						0.	0.	0.
5) RALPH CAPLAN	1.25									
IRECTOR		Х						0.	0.	0.
5) STEVE ENGEL	3.00									
IRECTOR		Х						0.	0.	0.
7) LAURA FENTON	3.00									
ERECTOR		Х						0.	0.	0.
3) JENNY HEINRICH	1.25									
[RECTOR		Х						0.	0.	0.
)) JODI ASTREIN	1.25								* * * * * * * * * * * * * * * * * * * *	
RECTOR		Х						0.	0.	0.
10) BETH DAVIDSON	3.00									
RECTOR		X						0.	0.	0.
.1) KIM WHIPPLE	1.25									
RECTOR		X						0.	0.	0.
.2) JANA MCNAIR	1.25									
RECTOR		X						0.	0.	0.
.3) DANIEL KELLY	1.25									
CRETARY		X		x				0.	0.	0.
		\neg	П							····
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				T		\neg				
						I				
				\bot	\perp					

Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employee	s (continued)				
(A)	(B)			(4	C)			(D)	(E)			(F)	
Name and title	Average	(dc	not c		ition more	than	one	Reportable	Reportable	е	E	stimat	ted
	hours per	box	t, unle	ss pe	rson i	is bot	h an	compensation	compensati	on	а	mount	t of
	week (list any	_	T a	T	18 0010	Jivaus	Tee,	from	from relate	d	}	othe	r
	hours for	irecto					ĺ	the	organizatio		cor	npens	ation
	related	o o	eg .			sated		organization	(W-2/1099-MI		1	from th	
	organizations	ruste	trus		g	üeü	1	(W-2/1099-MISC/ 1099-NEC)	1099-NEC	<i>i</i>)	1	ganiza	
	below	dual	ig i		ngo	is as		1033-1420)				nd rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	·			Dif	ganizat	lons
											 		
-													
											†		
	ļ									i			
											<u> </u>		
				_	_								
				- [ĺ								
			_	_									
41. 01.	<u> </u>								- 4.000				
1b Subtotal		• • • • • •		·····	•	J	>	95,652.		0.			0.
c Total from continuation sheets to Part VI	l, Section A		· · · · · ·			J	▶	0.		0.			0.
d Total (add lines 1b and 1c)						<u></u>]		95,652.		0.		-	0.
2 Total number of individuals (including but n	ot limited to the	ose l	isted	dab t	ove)	who	rec	ceived more than \$100,0	000 of reportable	9			
compensation from the organization													0
3 Did the organization list any former officer	.e			_						r		Yes	No
Same and the same of the same	director, truste	e, ke	ey e	mplo	oyee	, or	high	est compensated empl	oyee on	1			
line 1a? If "Yes," complete Schedule J for si	uch individual		•••••						•••••••		3		X
The state of the state of the state of	m of reportable	cor	npei	nsati	ion a	and	othe	er compensation from the	e organization				
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	,000? If "Yes,"	con	nple:	te S	chec	dule	J fo	r such individual			4		X
, parameter on mile (4) (600) (6 0)	ccrue compens	satio	n tro	om a	ıny ı	unrel	atec	d organization or individ	ual for services				
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	J fo	r suc	ch p	erso	<u> </u>					5		X
, , , , , , , , , , , , , , , , , , ,	npensated inde	epen	aen	t cor	ntrad	ctors	s tha	at received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	rie caleridar yea	ar er	Iding	J WIT	n or	Witi	ז חור ד		ar.				·
Name and business	address	NΩ	NE					(B) Description of se	nvices	C)) (C) nsatior	_
		110	7477				+	Dosomption of se	ivices		ompe	isatioi	·
							ŀ		ļ				
							+						
							+						
									l				
							_			·····		· · · · · · · · · · · · · · · · · · ·	
							T						
							\perp						
2 Total number of independent contractors (in	cluding but not	limi	ted	to th	ose	liste	ed al	bove) who received mor	e than				
\$100,000 of compensation from the organiz	ation 🕨				0								

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Total revenue Revenue excluded Unrelated function revenue from tax under business revenue sections 512 - 514 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b c Fundraising events ______1c 542,169. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,356,454. 1f 28,863. 9 Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 1,898,623 **Business Code** 2 a ADOPTIONS 900099 Program Service Revenue 166,135. 166,135. f All other program service revenue g Total. Add lines 2a-2f 166,135. Investment income (including dividends, interest, and other similar amounts) 44,493. 44,493. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 39,195. assets other than inventory 499 b Less: cost or other basis Other Revenue and sales expenses 4,643. c Gain or (loss) 7c 39,195. -4.144. d Net gain or (loss) 35,051. 39,195. -4,144. 8 a Gross income from fundraising events (not including \$ 542,169. of contributions reported on line 1c). See Part IV, line 18 20,600. b Less: direct expenses 8b 179,297. c Net income or (loss) from fundraising events -158,697, -158,697. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 1,985,605. 205,330. -118,348.

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

Do	Check if Schedule O contains a responsion not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	ı otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	`			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	96,204.	38,482.	28,861.	28,861
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	686,436.	597,543.	50,384.	38,509
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			······································	
10	Payroll taxes	70,949.	57,626.	8,605.	4,718
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	48,879.		48,879.	
	Lobbying				
е					
f	Investment management fees	5,691.		5,691.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	17,030.	1,623.	14,611.	796
13	Office expenses	57,468.	9,292.	44,174.	4,002
14	Information technology				
15	Royalties				
16	Occupancy	86,251.	77,558.	8,693.	
17	Travel	1,210.	1,210.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	224.	224.		·····
20	Interest	30,330.	28,815.	1,515.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	325,300.	309,035.	16,265.	
23	Insurance	ļ.			
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 O.)				
а	MEDICAL CARE AND SUPPLI	258,890.	258,890.		
b	REPAIR AND MAINTENANCE	47,201.	42,481.	4,720.	
c	FOOD AND SUPPLIES	46,112.	46,112.		
d	WEB BASED SUBSCRIPTIONS	21,857.	10,929.	5,464.	5,464
е	All other expenses	27,622.	25,565.	1,812.	245
25	Total functional expenses. Add lines 1 through 24e	1,827,654.	1,505,385.	239,674.	82,595
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)				

End of year

974,385.

520,746.

209.

3,390.

39,500.

18,650.

69,966.

0.

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year Cash - non-interest-bearing 1 1,079,098. 1 Savings and temporary cash investments 2 130,344. 2 Pledges and grants receivable, net 3 3,673,558. 1,632,274. 3 Accounts receivable, net 4 4,763. 4 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net Assets 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 19,174. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,677,676. b Less: accumulated depreciation 10b 501,978. 6,490,381. 6,175,698. 10c Investments - publicly traded securities 11 4,052,577. 4,688,302. 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 18,650. 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 15,468,545. 14,053,154. 16 Accounts payable and accrued expenses 17 237,915. 17 Grants payable 18 18 Deferred revenue 19 2,500. 19 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 2,928,925. 23 1,073,925. 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 of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3,169,340. 1,143,891. 26 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 8,611,530. 11,240,889. 27 Net assets with donor restrictions 28 3,687,675. 1,668,374. 28 Organizations that do not follow FASB ASC 958, check here

> 14,053,154. Form 990 (2021)

12,909,263.

29

30

31

32

33

12,299,205.

15,468,545.

29

30

31

32

33

and complete lines 29 through 33.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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 Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

За

X

2c X

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

2021

Open to Public Inspection

Name of the organization

MICHIGAN ANIMAL RESCUE LEAGUE

Bemployer identification number 38-1557622

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

				V III OI GATILLACIONS THUSE C			see instructions.	
The	organi	zation is not a private found						
1		A church, convention of ch	nurches, or association	on of churches described	in secti	on 170(b)(1)(A)(i).	
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990).)			
3		A hospital or a cooperative	hospital service org	anization described in s	ection 17	0(b)(1)(A)(i	ii).	
4		A medical research organiz	zation operated in co	njunction with a hospital	described	in section	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						, ,
5		An organization operated for	or the benefit of a co	llege or university owned	or opera	ted by a go	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv). (0			,			
6		A federal, state, or local go	vernment or governr	mental unit described in	section 1	70/b¥1¥A	Kv).	
7		An organization that norma						nublic described in
		section 170(b)(1)(A)(vi). (C			a go.		and or norm the general	pablic described in
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II \			
9		An agricultural research org				ad in coni	inction with a land arent	college
		or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	nama eit	and state of the collect	conege
		university:	gram conege of agric	diture (see instructions).	citter tile	name, city	, and state of the college	e or
10	-	An organization that norma	ally receives (1) more	than 33 1/20/ of its ouns	ort from a	ontribution	00 menaharahin fasa	
. •		activities related to its exen	not functions subjec	t to certain exceptions:	and 12) no	more than	ns, membership tees, an	a gross receipts from
		income and unrelated busin	ness tavable incomo	/loss section E11 toxy fro	4110 (2) 110	more man	of its support i	rom gross investment
		income and unrelated busil See section 509(a)(2). (Co		fless section 511 tax) inc	nn busine:	sses acqui	red by the organization a	arter June 30, 1975.
11			•	ivalu ta taat far awalia aa	· · · · · · · · ·	47 Pro	004.3443	
12		An organization organized a						
12	نــــا	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	ne functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	o in section 509(a)(1) o	rsection	509(a)(2).	See section 509(a)(3).	Check the box on
_		lines 12a through 12d that						
а		Type I. A supporting orga						
		the supported organization			majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must o						
b	L	Type II. A supporting org						
		control or management o			ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus						
C		Type III functionally inte						ed with,
		its supported organization						
ď		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organia	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.	
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or						
f	Enter	the number of supported of	organizations					
g	Provi	de the following information	about the supporte					
	(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orgain your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
						i		
						l		
			· · · · · · · · · · · · · · · · · · ·					
ota								

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.)

3e	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(0) 2021	(O Total
	Gifts, grants, contributions, and	197-5	(8) 2010	(6) 2019	(4) 2020	(e) 2021	(f) Total
	membership fees received. (Do not	į					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		İ				
3	The value of services or facilities				<u> </u>	 	ļ
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	***************************************				+	
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,				1		
	column (f)						
6	Public support, Subtract line 5 from line 4.					 	
ie (ction B. Total Support						L
ale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4				(4) = 3= 3	1925	(7) TOTAL
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
0	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10					1	
2	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th			ourth, or fifth tax	vear as a section 5		
	organization, check this box and stor	here					
	tion C. Computation of Publi	c Support Per	centage				- ATTENDED
4	Public support percentage for 2021 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2020		1. 15	*******************************		15	%
6a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization	***************************************			
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
7a	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						▶□
8_	Private foundation. If the organization	n dld not check a b	oox on line 13, 16a	i, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990) 2021 MICHIGAN ANIMAL RESCUE LEAGUE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	<u> </u>		***			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and			(0) 20 10	(a) zozo	(6) 2021	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")	982,206.	4435759.	1407863.	2285890.	1898623	11010341
2	Gross receipts from admissions.			==0,003.	2203030.	1070023.	# TOTO3#1.
	merchandise sold or services per-					1	
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	411,740.	447 677	100 015	375,586.	166 125	1010102
3	Gross receipts from activities that		221,011.	400,040.	373,380.	100,133.	1810183.
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	fumished by a governmental unit to						
	the organization without charge						
	* ***	1393946.	1002126	1016000	0001470	0064950	1000000
	Total. Add lines 1 through 5	1393946.	4883436.	1816908.	2661476.	2064758.	12820524.
78	Amounts included on lines 1, 2, and						_
L	3 received from disqualified persons						0.
i.	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		· · · · · · · · · · · · · · · · · · ·				0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						12820524.
		I					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1393946.	4883436.	1816908.	2661476.	2064758.	12820524.
TUa	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties.						_
	and income from similar sources	65,871.	89,054.	105,817.	95,478.	44,493.	400,713.
b	Unrelated business taxable income		ļ				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	65,871.	89,054.	105,817.	95,478.	44,493.	400,713.
11	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.)	<u> </u>					
	Total support. (Add lines 9, 10c, 11, and 12.)	1459817.	4972490.	1922725.	2756954.		13221237.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
	check this box and stop here		***************************************				
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	96.97 %
16	Public support percentage from 2020	Schedule A, Part I	II, line 15			16	96.35 %
<u>Sec</u>	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	21 (line 10c, colum	nn (f), divided by lin	ne 13, column (f))		17	3.03 %
	Investment income percentage from 2				ī	18	3.65 %
	33 1/3% support tests - 2021. If the		****				
	more than 33 1/3%, check this box an						▶ X
	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec						▶ □
	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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).
- **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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.
- IOa Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10a		
	10b		
┙	170		

Га	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
h	11c below, the governing body of a supported organization?	11a	\vdash	
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	detail in Part VI. Stion B. Type I Supporting Organizations	11c	لــــــا	L
	Total Designation of the second of the secon		V	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	Γ	Yes	No
•	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.	1 1		
2			7	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	_i	L1	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		***************************************	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Щ.	L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	i).		
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 in	nstruction	1 1	
2	Activities Test. Answer lines 2a and 2b below.	Γ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
L	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20	 	
b	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			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			T
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	LEAGUI	<u> </u>	38-1557622 Page 6
		ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	Υ
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):			
<u>a</u>	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
e	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		
Secti	on 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		1

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (contin		8-155/622 Page
<u>Sec</u>	tion D - Distributions	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	anizations (contin	uea)	Current Year
1.	Amounts paid to supported organizations to accomplish exe	empt purposes		1	Current rear
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pl	rovide 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 t	he organization is responsive	3	 	**************************************
	(provide details in Part VI). See instructions.	garmantion to rooportory		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
iect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required explain in Part VI). See instructions.			- 1	
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
<u>b</u>	From 2017		<u> </u>		
_ <u>c</u>	From 2018				
<u>d</u>	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			$\neg \uparrow$	
4	Distributions for 2021 from Section D,			\dashv	
	line 7: \$				
_a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				***************************************
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in			- 1	
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j			-+	
	and 4c.			- 1	
В	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019			-+	
	Excess from 2020			-+	

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	MICHIGAN	ANIMAL	RESCUE	LEAGUE	38-1557622 Page 8
Part VI	Supplemental Infor	mation. Provide	the explanation	one required by	Part II line 10: Bort	II line 47 475- D. 4 III li 40
	Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4c,	5a, 6, 9a, 9b,	9c. 11a. 11b. a	and 11c: Part IV Sect	in, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D,	lines 2 and 3, Part	IV, Section E,	lines 1c, 2a, 2l	b, 3a, and 3b; Part V,	ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Sect	ion E, lines 2,	5, and 6. Also	complete this part for	line 1; Part V, Section B, line 1e; Part V, rany additional information.
	(See instructions.)					
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#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

Schedule D (Form 990) 2021

Open to Public Inspection

#### MICHIGAN ANIMAL RESCUE LEAGUE

Employer identification number 38-1557622

Pa	art I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	38-155/622
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1 -	Total number at end of year		(a) constant of the decounts
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 advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Van Na
6	Did the organization inform all grantees, donors, and donor and	dvisors in writing that grant funds can be used	Yes No
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confo	orny
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	tanization answered "Yes" on Form 990, Part I	V line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	v, me /.
	Preservation of land for public use (for example, recreat		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	r reservation of a cer	railed historic structure
2	Complete lines 2a through 2d if the organization held a qualification of the tax year.	ed conservation contribution in the form of a c	consequation consequent on the last
	day of the tax year.	or content and a contract of the form of a c	Held at the End of the Tax Year
a	Total number of conservation easements		
b	T-4.1.		
C	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	20
			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the organ	nization during the tay
	year >	of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	median daring the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation ea	asements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No.
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense stater	ment and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements th	nat describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in furthera	ince of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheranc	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. > \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		. • \$
	Assets included in Form 990, Part X		•

Sch	edule [ art	(Form 990) 2021 MICHIGA	N ANIMAL R	RESCUE LEAG	SUE			38-15	55762	2 Page <b>2</b>
			Collections of A	rt, Historical Tr	easures, oi	Other	Simila	r Assat	· ·	aund)
3	Using	g the organization's acquisition, access	sion, and other recor	ds, check any of the	following that	make sig	nificant	use of its	<u> </u>	1000/
	COILE	ction items (check all that apply);				~				
		Public exhibition		d Loan or ex	change progra	ım				
t		Scholarly research								
		Preservation for future generations								······································
4	Provi	de a description of the organization's o	ollections and expla	in how they further t	the organizatio	n's exem	pt purpo	se in Part	XIII.	
5		ig the year, did the organization solicit	or receive donations	of art, historical trea	Scures or othe	r cimilar a	ecoto			
Pa	rt IV	solu to raise funds rather than to be m	aintained as part of t	the organization's o	ollaction?				Yes	□ No
		Facion and Castodial Attall	igements. Comp	lete if the organization	on answered "	Yes" on F	orm 990	, Part IV,	line 9, or	
10	le the	T-P-1102 diri diri darit diri 1 diri 1 dod, 1 a	III A, III O Z I.							
14	on Ec	organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other ass	ets not in	cluded			
h	if "Va	orm 990, Part X?						[	Yes	☐ No
D	11 10	s," explain the arrangement in Part XIII	and complete the fo	llowing table:					·····	
^	Regin	ning balance					<u> </u>		Amount	
							1c			
6	Distril	ions during the year					1d			**
f	Fndin	outions during the year					1e			
2a	Did th	g balance	orm DOO Dest V the				1f			
b	If "Ye	e organization include an amount on F s," explain the arrangement in Part XIII.	Check born if the ex-	21, for escrow or c	ustodial accou	int liability	/?	L	Yes	No
Pa	rt V	Endowment Funds. Complete	of the organization ar	CPIANATION NAS Deen	provided on P	art XIII				
		- Complete I	(a) Current year	(b) Prior year						
1a	Begin	ning of year balance	0.	53,275.	(c) Two years	<del></del>		ears back	<del></del>	years back
b	Contri	butions	· ·	33,273.	1 49	428.		52,850.		50,522.
С	Net in	vestment earnings, gains, and losses	0.	-53,275.	3	706.		3 700		
		s or scholarships		33,273.		, 700.		-3,709.		-2,328.
		expenditures for facilities								
		rograms				1				
f	Admir	nistrative expenses			<del> </del>		···			
g	End of	year balance			53	,275.		19,141.		48,194.
2		le the estimated percentage of the curr	ent year end balance	e (line 1a. column (a	// held as:	, ]		., ., .		40,174.
а	Board	designated or quasi-endowment	,	%	// Hold da.					
b	Perma	nent endowment 🕨	%							
С	Term e		<del></del> %							
	The pe	ercentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
3a	Are the	ere endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administere	d for the	organiza	tion		
	ру:								٦	Yes No
	(i) Ur	related organizations							3a(i)	
	(11) HE	nated organizations							3a(ii)	
b	11 168	on line sa(ii), are the related organizat	tions listed as require	ed on Schedule R?	***************************************				3b	
4	Descri	be in Part XIII the intended uses of the	organization's endov	wment funds.						***************************************
ar	t VI	Land, Buildings, and Equipme								
	·	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, f	Part X, lin	e 10.			
		Description of property	(a) Cost or of	1 1	1	(c) Acc	umulated	d l	(d) Book	value
			basis (investm		`	depre	eciation		***************	
ia	Land		·		2,024.				112	,024.
b	Buildin	gs		6,27	5,586.	36	4,06	6.	5,911	,520.
		nold improvements								
		nent			4,079.		4,92			<u>,155.</u>
	Other .	and Alamanda da			5,987.	7	2,98			<u>,001.</u>
tal.	Add lir	nes 1a through 1e. (Column (d) must eq	ual Form 990. Part )	K. column (B), line 10	Oc.)				<u>5,175</u>	<u>,698.</u>

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021 MICHIGAN ANIMAL RESCUE LEAGUE  Part XIII Supplemental Information (continued)	38-1557622 Page 5
Part Alli Supplemental Information (continued)	
LOSS ON SALE OF ASSETS	-4,144.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-183,441.
DADE WIT LINE OR COURT AS THE COURT	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	White A. The Manager Manager Land Co.
DIRECT FUNDRAISING EXPENSES	179,297.
LOSS ON SALE OF ASSETS	4,144.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	183,441.

#### SCHEDULE G (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

Name of the organization

Open to Public Inspection

Employer identification number

MICHIGA	N ANIMAL RESCUE LE	AGUI	C		38-1557	622
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> </ul>	ered "Y	es" or	n Form 990, Part IV,	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the 10 highest paid individencempensated at least \$5,000 by the</li> </ul>	sed funds through any of the following and solicitates and solicitates and solicitates are considered and solicitates. The solicitates are considered and solicitates are solicitated and solicitates are solicitated and solicitates. The solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are solicitated and solicitates are sol	tion of tion of fundra (includ	non-g gover ising ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees, or	No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	TOI OT	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
· · · · · · · · · · · · · · · · · · ·						
						,
otal  3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribu	tions	or has been notified	it is exempt from reg	gistration
						***************************************

	nedi <b>art</b>	ule G (Form 990) 2021 MICHIGA	N ANIMAL RES	CUE LEAGUE	38-	-1557622 Page 2
_	arı		ne organization answered	d "Yes" on Form 990, Par	t IV line 18 or reported	more than \$15,000
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	c) Other events	
			YAPPY HOUR	APPEALS	6	(d) Total events (add col. (a) through
a	,		(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	216,983.			562,769.
	2	Less: Contributions	196,383.	185,036.	160,750.	542,169.
	3	Gross income (line 1 minus line 2)	20,600.			20,600.
	4	Cash prizes				
Ø	5	Noncash prizes				
xpense	6	Rent/facility costs	4,440.			4,440.
Direct Expenses	7	Food and beverages	36,946.			36,946.
Δ	8	Entertainment	600.			600.
	9	Other direct expenses		15,429.	76,407.	137,311.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			179,297.
_	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)		<b></b>	-158,697.
<u></u>	ırt	<b>III Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a,	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes% No	1
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7 to	from line 1, column (d)		<b>&gt;</b>	
•	Ent	er the state(s) in which the organization conduc	ato gamina activities.			
а	ls t	he organization licensed to conduct gaming act No," explain:	tivities in each of these s	tates?		Yes No
					**************************************	
)a b	We	re any of the organization's gaming licenses rev Yes," explain:	oked, suspended, or ter	minated during the tax ye	ear?	Yes No

Sch	nedule G (Form 990) 2021 MICHIGAN ANIMAL RESCUE LEAGUE 38-	155762	2 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
;	a The organization's facility	13a	%
1	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u>/</u>
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
•	of gaming revenue retained by the third party > \$ and the amount		
(	of "Yes," enter name and address of the third party:		
	the distribution and addition of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
		<del></del>	
		<del></del>	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	MICHIGAN	ANIMAL	RESCUE	LEAGUE	38-1557622	Page 4
Part IV	(Form 990) Supplemental Inform	mation _{(continue}	∍d)				
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#### SCHEDULE M (Form 990)

Department of the Treasury nternal Revenue Service **Noncash Contributions** 

202

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MICHIGAN ANIMAL RESCUE LEAGUE

Employer identification number 38-1557622

Pai	rt I   Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) Method of detern noncash contribution		ts
1	Art - Works of art							
2	Art - Historical treasures	·					·	
3	Art - Fractional interests						<del></del>	
4	Books and publications			7.11.1				
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	1007001						
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous					**************************************		
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other					<del></del>		
15	Real estate - Residential	****		<del></del>			<del></del>	
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						····	
	Archeological artifacts					<del></del>		
25	Other (FOOD & SUPPLI)	X	0	28,863	3. FMV			
26	Other (VET SERVICES)	X	0	16,380				
27	Other (PROFESSIONAL)	Х	0	11,100				
28	Other ()						***************************************	
	Number of Forms 8283 received by the organize	ation during	the tax vear for co	ontributions		****		
	for which the organization completed Form 8283							
		,	3	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		A-11-11-11-11-11-11-11-11-11-11-11-11-11	Yes	No
30a	During the year, did the organization receive by	contribution	any property rep	orted in Part I, lines 1 thr	ough 28, 1	that it		
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			•			a	х
b	If "Yes," describe the arrangement in Part II.		***************************************					
	Does the organization have a gift acceptance po	olicy that red	quires the review o	f any nonstandard contri	ibutions?	3.	1	х
	Does the organization hire or use third parties or							
	contributions?	-		• •		32	a	х
b	If "Yes," describe in Part II.		***************************************		****************			
	If the organization didn't report an amount in col	lumn (c) for	a type of property	for which column (a) is o	hecked,			
	describe in Part II.	,	), h		·,			
					· · · · · · · · · · · · · · · · · · ·			

Schedule M	(Form 990) 2021 Supplementa	MICHIGAN	ANIMAL	RESCUE	LEAGUE		38-1557622	Page 2
Part II	Supplementa	Information.	Provide the in	nformation requ	uired by Part I, line	es 30b, 32b, and 33,	and whether the organization of both. Also comp	tion
	is reporting in Par this part for any a	t I, column (b), the dditional informati	number of co	ntributions, the	e number of items	received, or a comb	nation of both. Also comp	olete
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#### **3CHEDULE 0** Form 990)

epartment of the Treasury nternal Revenue Service

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.

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

Employer identification number

MICHIGAN ANIMAL RESCUE LEAGUE 38-1557622 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OGS AND CATS THROUGH RESCUE, MEDICAL CARE, SOCIALIZATION AND BEHAVIORAL SUPPORT, SHORT- AND LONG-TERM SANCTUARY, ADOPTION, AND COMMUNITY EDUCATION AND OUTREACH. ORM 990, PART VI, SECTION B, LINE 11B: HE ORGANIZATION'S INTERNAL ACCOUNTANT REVIEWS THE FORM WITH THE OUTSIDE UDITORS. ONCE ALL EDITS ARE MADE TO THE DRAFT COPY, THE FORM IS EMAILED TO LL BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. ANY QUESTIONS OR CHANGES RE ADDRESSED AT THAT TIME. ONCE APPROVED BY THE BOARD TREASURER AND RESIDENT, THE FINAL COPY IS SIGNED BY THE BOARD PRESIDENT. A FINAL COPY OF ORM 990 IS PROVIDED ON THE BOARD OF DIRECTORS AT THE NEXT QUARTERLY EETING. ORM 990, PART VI, SECTION B, LINE 12C: NE STAFF MEMBER AND BOARD MEMBER IS ASSIGNED TO REVIEW POTENTIAL CONFLICT F INTERESTS ANNUALLY TO ENSURE DISCLOSURE AND COMPLIANCE. ORM 990, PART VI, SECTION B, LINE 15: XECUTIVE DIRECTOR COMPENSATION IS REVIEWED AND RECOMMENDED WITHIN THE XECUTIVE COMMITTEE AND PRESENTED TO THE BOARD WHERE IT IS PUT TO A VOTE. LL EMPLOYEE SALARIES ARE DETERMINED BY THE EXECUTIVE DIRECTOR AND ANAGEMENT STAFF.

INANCIAL STATEMENTS ARE POSTED TO OUR WEBSITE AS SOON AS THE ANNUAL AUDIT

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

Schedule O (Form 990) 2021 Page							
lame of the organization  MICHIGAN ANIMAL RESCUE LEAGUE	Employer identification number 38-1557622						
S COMPLETE. OTHER DOCUMENTS WOULD BE PROVIDED UPON REQUES							
ORM 990, PART X, LINE 27A & 28A							
'RIOR PERIOD ADJUSTMENT WAS MADE TO CORRECT ALLOCATION BET	WEEN NET						
SSETS WITHOUT DONOR RESTRICTION AND NET ASSETS WITH DONOR	-						
ESTRICTIONS.							
ORM 990, PART XII, LINE 2C:							
HIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.							
	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						
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#### Form **8868**

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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 Be

filing of th	s, for which an extension request must be sent to his form, visit www.irs.gov/e-file-providers/e-file-fo	the IRS in paper	r format (see instructions). For more	details or	the electronic		
Automa	atic 6-Month Extension of Time. Only	submit origin	non-profits.				
All corpor	ations required to file an income tax return other	than Form 990.T	(including 1120 C filers)	DEM			
must use	Form 7004 to request an extension of time to file	income tax retu	rns.	os, REMI	Cs, and trusts		
Type or orint	Name of exempt organization or other filer, see instructions.			Taxpay	axpayer identification number (TIN)		
ile by the	MICHIGAN ANIMAL RESCUE LEAGUE				38-1557622		
tue date for iling your eturn, See	Number, street, and room or suite no. If a P.O. box, see instructions. 790 FEATHERSTONE ST						
nstructions.	City, town or post office, state, and ZIP code. F PONTIAC, MI 48342			****			
inter the i	Return Code for the return that this application is	for (file a separa	te application for each return)			0 1	
Applications For	on .	Return	Application		<u> </u>	Return	
	or Form 990-EZ	Code	Is For			Code	
orm 4720 (individual)			·····		08		
orm 990 PE					09		
orm 990-	rm 990-F 04 Form 5227 rm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					10	
	(trust other than above)	06				11	
orm 990-	(corporation) AERON HUMES	07					
If the or	ne No. ► 248-335-9290 ganization does not have an office or place of but for a Group Return, enter the organization's four  . If it is for part of the group, check this box	aigit Group Exer	Fax No.  ted States, check this box mption Number (GEN) . I ch a list with the names and TINs of	f this is fo	or the whole grou	p, check this	
the o  ▶∑		NOVEM e organization's	IBER 15, 2022 , to file return for:		npt organization		
	tax year entered in line 1 is for less than 12 mont Change in accounting period	ths, check reason	n: Initial return I	Final retur	rn		
If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				3a	4	0	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			Ja	\$	0.		
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
aution: If	EFTPS (Electronic Federal Tax Payment System) ou are going to make an electronic funds withdr	. See instruction awal (direct debi	s. t) with this Form 8868, see Form 84	3c 33-TF and	\$ 1 Form 8879-TE (	0.	
	Privacy Act and Paperwork Reduction Act No			- reall		(Rev. 1-2022)	