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

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning and	ending								
B c	heck if pplicable	C Name of organization		D Employer identifie	cation number						
	Addres	MICHIGAN ANIMAL RESCUE LEAGUE									
	Name change	Doing business as		38-15576	22						
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 790 FEATHERSTONE ST	Room/suite	E Telephone number (248) 33							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,927,427.						
	Ameno return	PONTIAC, MI 48342		H(a) Is this a group re	eturn						
	Application	F Name and address of principal officer: ROBIN WRIGHT		for subordinates	? Yes X No						
	pendin	9 790 FEATHERSTONE ST, PONTIAC, MI 48342		H(b) Are all subordinates in	cluded? Yes No						
<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions						
	Vebsit			H(c) Group exemptio							
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1953 N	↑ State of legal domicile: M I						
		Briefly describe the organization's mission or most significant activities: THE 1	MISSIO	N OF THE MIC	CHTGAN						
Se		ANIMAL RESCUE LEAGUE IS TO PROVIDE THE HI									
Governance		Check this box if the organization discontinued its operations or dispos									
ver	-			3	13						
	ı	Number of independent voting members of the governing body (Part VI, line 1b)			12						
م د		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			32						
itie		Total number of volunteers (estimate if necessary)			304						
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
_<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
Ф	8	Contributions and grants (Part VIII, line 1h)		2,018,367.	2,521,433.						
Revenue	9	Program service revenue (Part VIII, line 2g)		155,665.	148,530.						
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		111,300.	-4,617.						
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-164,394.	-113,712.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,120,938.	2,551,634.						
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		984,249.	1,069,985.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ă	_b	Total fundraising expenses (Part IX, column (D), line 25)		1 200 722	1 200 441						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,200,732.	1,290,441. 2,360,426.						
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,184,981. -64,043.	191,208.						
_ v		Revenue less expenses. Subtract line 18 from line 12	Ra	ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	- DC	12,022,295.	12,923,162.						
Asse Bala	20 21	Fotal liabilities (Part X, line 16)		86,344.	106,863.						
Wet/	22	Net assets or fund balances. Subtract line 21 from line 20		11,935,951.	12,816,299.						
Pa	rt II	Signature Block									
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is						
		, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	•						
Sigr	า	Signature of officer		Date							
Her		ROBIN WRIGHT, PRESIDENT									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		MEGAN MCCANDLISH, CPA MEGAN MCCANDLISH, CP 11/04/24 self-employed P02452420									
	arer	Firm's name DOEREN MAYHEW		Firm's EIN 3	8-2492570						
Use	Only	Firm's address 305 WEST BIG BEAVER ROAD									
		TROY, MI 48084		Phone no. 24	8-244-3000						
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No						

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	\Box
1	Briefly describe the organization's mission:	
	THE MISSION OF THE MICHIGAN ANIMAL RESCUE LEAGUE IS TO PROVIDE THE	
	HIGHEST QUALITY OF LIFE TO DOGS AND CATS THROUGH RESCUE, MEDICAL CARE,	
	SOCIALIZATION AND BEHAVIORAL SUPPORT, SHORT- AND LONG-TERM SANCTUARY,	
	ADOPTION, AND COMMUNITY EDUCATION AND OUTREACH.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 868, 118 •including grants of \$) (Revenue \$148, 530) •)
	THE MICHIGAN ANIMAL RESCUE LEAGUE (MARL) IS A PRIVATE, NONPROFIT ANIMAL	1
	SHELTER SERVICING OAKLAND COUNTY AND BEYOND SINCE 1953. MARL PROVIDES	
	THE HIGHEST QUALITY OF LIFE TO DOGS AND CATS THROUGH RESCUE, MEDICAL	
	CARE, SHORT- AND LONG-TERM SANCTUARY, AND ADOPTION. MARL BELIEVES THAT	
	EVERY ANIMAL DESERVES THE HIGHEST QUALITY OF LIFE. EACH AND EVERY	
	ANIMAL THAT COMES THROUGH OUR DOOR IS GIVEN UNCONDITIONAL LOVE AND	
	REGARD IN THE FORM OF PHYSICAL CARE, SOCIALIZATION, AND THE DAY TO DAY	
	JOYS THAT AN ANIMAL WOULD RECEIVE IN A HOME. APPROXIMATELY 125-175	
	ANIMALS ARE IN THE CARE OF MARL ON ANY GIVEN DAY; WITH OVER 860 DOGS	
	AND CAT ADOPTIONS ANNUALLY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	OUTREACH PROGRAM - MICHIGAN ANIMAL RESCUE LEAGUE'S MISSION ALSO	
	INCLUDES PROVIDING ASSISTANCE TO LOW INCOME HOUSEHOLDS IN THE COMMUNITY	<u>-</u>
	WITH PETS. THIS PROGRAM PROVIDES THE DISTRIBUTION OF FREE DOG AND CAT	
	FOOD.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,868,118.	

Form 990 (2023) MICHIGAN ANIMAL RESCUE LEAGUE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	l		, v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3	l	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
Ø	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	, 1 0	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2023) MICHIGAN ANIMAL RESCUE LEAGUE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		X
24 a	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	24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ĭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
	Enter the Hamber of Forms W Za moladed of line fat. Enter of inflot applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
	(gambling) winnings to prize winners?	1 10		

Form 990 (2023) MICHIGAN ANIMAL RESCUE LEAGUE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	3.0							
	filed for the calendar year ending with or within the year covered by this return	2a 32		v					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X	v				
3a			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	1.		X				
_	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a						
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Populato (EDAD)							
50			5a		Х				
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	5b		X				
C	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		 						
ou	any contributions that were not tax deductible as charitable contributions?								
h	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
~	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х					
b			7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
	to file Form 8282?		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х				
f									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	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?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	ı ı							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	المدا							
a	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	11b							
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
_	Note: See the instructions for additional information the organization must report on Schedule O.		100						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

Form 990 (2023) MICHIGAN ANIMAL RESCUE LEAGUE 38-155 / 622 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

Check if Schedule O corlains a reports or role to ay line in this Part W La Enter the number of voting members of the governing body at the end of the tax year		to line oa, ob, or 100 below, describe the circumstances, processes, or changes on schedule O. See instructions.			77						
The Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body obligate to tool authority to an executive committee or similar committee, explain on Schedule 0. 122 123 124 125 126 127 128 129 129 129 120 120 120 120 120	Sec				X						
the zero metal difference in united in the power mide body at the end of the tax year if there are metal differences in united grids among members of the generality body, or the governing body of deligated broad submitry to an executive committee or similar committee, explain on Schedule 0. 2 Did any officer, director, marker, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of efficient, directors, trustees, or key employees to a management company or other person? 4 Did the organization delegate control over management duties customarily performed by or under the direct supervision of efficient, directors, trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant chievance in the proferomed by or under the direct supervision of efficient, directors, trustees, or key employees to a management company or other person? 5 Did the organization have members, stockholders? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 8 Did the organization have members, stockholders? 9 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 To persons other than the opowaring body? 9 Did the organization have written policies and procedures governing the activates of such chapters, affiliates, and branches to ensure their operations are consistent with the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization have written policies and procedures governing the activates of such chapters, affiliates, and branches to ensure their operations are consistent wi	360	tion A. Governing body and Management		Voc	No						
there are material differences in voting giplists among members of the governing boody delegated toxed authority to an executive committee or similar committee, explain on Schodule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustees, or key employees are a family relationship or a business relationship with any other officer, director, trustees, or key employees to a family relationship or a business relationship with any other officer, director, trustees, or key employees to a family performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the progranization seases? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization thave under the meetings had or written actions undertaken during the year by the following: 8 The governing body? 9 Districts of the organization than the proventing body? 9 Districts of the organization have written policides and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 390. 10 Did the organization have boal chapters, tranches, or affiliates? 10 Did the organization have a written volution from the following persons include a review and approval by i	4.	Enter the number of veting members of the governing body at the and of the tay year.		Yes	NO						
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b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed MI 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	11a			х							
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15b X Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records AERON HUMES - 248-335-9290			12a	х							
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on Schedule O how this was done			120	<u> </u>							
13	·		120	х							
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b Other officers or key employees of the organization	a		152	x							
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20 State the name, address, and telephone number of the person who possesses the organization's books and records <u>AERON HUMES - 248-335-9290</u>	13		midil	oiai							
AERON HUMES - 248-335-9290	20	·									
	20										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss per	rson i	than o s both or/trus	n an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) AERON M HUMES	40.00	1								
EXECUTIVE DIRECTOR				Х				102,550.	0.	3,121.
(2) ROBIN WRIGHT	20.00	l								_
PRESIDENT		Х		Х				0.	0.	0.
(3) JAMES ISSNER	4.00	1								_
TREASURER		Х		Х				0.	0.	0.
(4) STEVE ENGEL	3.00	l								_
DIRECTOR		Х						0.	0.	0.
(5) LAURA FENTON	1.50	ļ								
DIRECTOR		Х						0.	0.	0.
(6) JENNY HEINRICH	1.50	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(7) JODI ASTREIN	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(8) BETH DAVIDSON	1.00	.,								0
DIRECTOR	1 00	Х	_					0.	0.	0.
(9) KIM WHIPPLE	1.00	3,7							0	0
DIRECTOR	1 00	Х	_					0.	0.	0.
(10) DANIEL KELLY	1.00	Х						0.	0.	0
DIRECTOR (11) BARB GRANT	1.50	Δ						0.	0.	0.
DIRECTOR	1.50	Х						0.	0.	0.
(12) JUSTIN KLAMERUS	1.00	Λ	\vdash					1	0.	U •
DIRECTOR	1.00	Х						0.	0.	0.
(13) KRISTI PENNEX	1.00	Λ	\vdash					0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(14) PATTY COX	1.00	77						0.	0.	0.
SECRETARY	1.00	х		х				0.	0.	0.
										-
		-								
-										

332007 12-21-23 Form **990** (2023)

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable	Estima		stimate	ed
		hours per	box	, unle	ss per	rson i	is both	n an	compensation compensation			aı	mount	of
		week		Cerar	ia a a	recio	or/trus	iee)	from	from related			other	
		(list any	recto						the organization				npensa	
		hours for related	or di	98			ated		organization	(W-2/1099-MIS			rom th	
		organizations	ustee	trust		96	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	C) organization and related			
		below	dual tr	tional	١.	yoldı	st con	_	1033-1120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				0.9	arnzati	0110
			_	_		×	1							
			•											
							\vdash							
							┢							
							\vdash							
			-											
				\vdash			\vdash							
							\vdash							
									100 550		$\overline{}$		2 1	0.1
1b	Subtotal								102,550.		0.		3,1	
С	Total from continuation sheets to Part VI	I, Section A							0.		0.		2 1	0.
d	Total (add lines 1b and 1c)								102,550.		0.	0. 3,121.		
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable)			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual										3		X
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or st	ıch ı	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa [•]	tion fr	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C)	
	Name and business address NONE Description of services									C	ompe	nsatio	n	
_								_						
								\sqcap						
2	Total number of independent contractors (in	ncludina but na	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organization					(-	,					

38-1557622

		Check if Schedule O contains a respons	se or note to any line	e in this Part VIII			
		Officer if Gerieddie G contains a respon-	SC OF FIGURE 10 AFTY III N	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
nts ts	1 a	Federated campaigns 1a					
iral our	b	Membership dues 1b					
S, G	С	Fundraising events	228,378.				
ar it	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and					
		similar amounts not included above 1f	2,293,055.				
οĔ	a	Noncash contributions included in lines 1a-1f	75,215.				
No.	_	Total. Add lines 1a-1f	,	2,521,433.			
<u> </u>		Total: Add lines 1a 11	Business Code				
_	2 a	ADOPTIONS	900099	148,530.	148,530.		
ice		-	- 300033	140,550.	140,330.		
Program Service Revenue	b		-				
n S	С		-				
rar 3ev	d		_				
og F	е	·	_				
۵		All other program service revenue					
	g	Total. Add lines 2a-2f		148,530.			
	3	Investment income (including dividends, int	erest, and				
		other similar amounts)		120,693.			120,693.
	4	Income from investment of tax-exempt bone					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securitie	s (ii) Other				
	ı a	assets other than inventory 7a 107,77	``'				
	L	, <u></u>					
0	D	Less: cost or other basis and sales expenses 7b 226,45	7. 6,624.				
n l							
Revenue		. ,		125 210			105 210
		l Net gain or (loss)		-125,310.			-125,310.
ther	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		,	8a 29,000.				
			8b 142,712.				
		Net income or (loss) from fundraising events	S	-113,712.			-113,712.
	9 a	Gross income from gaming activities. See					
			9a				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
	b	Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of inventory					
,,			Business Code				
sno.	11 a	C					
ane Due	b						
Miscellaneous Revenue	С						
Sc		All other revenue					
Σ		Total. Add lines 11a-11d					
		Total revenue See instructions		2 551 634.	148 530.	0.	-118 329.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 105,671. 87,455. 9,691. 8,525. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 809,208. Other salaries and wages 669,711. 74,217. 65,280. 7 Pension plan accruals and contributions (include 15,101. 12,217. 1,924. 960. section 401(k) and 403(b) employer contributions) <u>52,7</u>55. 64,953. 7,879. 4,319. Other employee benefits 9 75,052. 60,957. 9,104. 4,991. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 65,493. 65,493. Accounting Lobbying Professional fundraising services. See Part IV, line 17 26,004. 26,004. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,652. 9,652. column (A), amount, list line 11g expenses on Sch O.) 71,209. 393. 393. 70,423. Advertising and promotion 12 57,405. 8,321. 45,001. 4,083. 13 Office expenses Information technology 14 Royalties 15 78,035. 14,078. 92,113. 16 Occupancy 1,212. 1,212. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 7,439. 7,439. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3<u>45,9</u>83. 364,193. 18,210. Depreciation, depletion, and amortization 22 13,738. 12,364. 1,374. 23 Other expenses. Itemize expenses not covered 24 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.) 261,375. 261,375. MEDICAL CARE AND SUPPLI REPAIR AND MAINTENANCE 145,342. 130,808. 14,534. 89,688. FOOD AND SUPPLIES 89,688. 21,753. 21,753. d OTHER FUNDRAISING 63,825. 49,405. 9,607. 4,813. e All other expenses 2,360,426. 1,868,118. 307,161. 185,147. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any I	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,534,881.	1	750,898.
	2	Savings and temporary cash investments			463,400.	2	693,897.
	3	Pledges and grants receivable, net			220,858.	3	65,667.
	4	Accounts receivable, net			1,671.	4	503.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ntial cor	ntributor, or 35%			
		controlled entity or family member of any of these	person	s		5	
	6	Loans and other receivables from other disqualifie	ed perso				
		under section 4958(f)(1)), and persons described in	n sectio	on 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,398.	8	1,724. 79,991.
As	9				46,374.	9	79,991.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	7,162,618.			
	b	Less: accumulated depreciation	10b	1,231,218.	5,894,134.	10c	5,931,400.
	11	Investments - publicly traded securities		3,853,680.	11	5,398,460.	
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		899.	14	622.	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal		ı	12,022,295.	16	12,923,162.
	17	Accounts payable and accrued expenses			86,344.	17	106,863.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	art IV of	Schedule D		21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substar					
jab		controlled entity or family member of any of these	person	s		22	
	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24). C	Complete Part X			
		of Schedule D		·····	06 244	25	106 063
	26			▼	86,344.	26	106,863.
ý		Organizations that follow FASB ASC 958, check	k here	X			
nce		and complete lines 27, 28, 32, and 33.			11,721,050.	07	12,717,632.
alaı	27	Net assets without donor restrictions			214,901.	27 28	98,667.
d B	28	Net assets with donor restrictions			214,901.	28	30,007.
Ë		Organizations that do not follow FASB ASC 958	s, cneci	k nere			
<u>p</u>		and complete lines 29 through 33.				00	
Sts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			11,935,951.	31 32	12,816,299.
ž	32	Total liabilities and not assets fruid balances		ı	12,022,295.	33	12,923,162.
	33	Total liabilities and net assets/fund balances			14,044,493.	ა პ	14,343,104.

Form **990** (2023)

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,55				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,36	0,4	26.		
3	Revenue less expenses. Subtract line 2 from line 1	3		19	1,2	08.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	.,93	5,9	51.		
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C)_					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h				

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MICHIGAN ANIMAL RESCUE LEAGUE

Employer identification number 38 – 1557622

				TESCOE TEM				0-1337022
Pa	rt I	Reason for Public C	Charity Status. (All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or association	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organiza					•	the hospital's name.
		city, and state:		,				,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	
•	ш	section 170(b)(1)(A)(iv). (C		logo or anivoloity owner	or operat	ou by a go	Vorminorital arms accomb	5 4 III
6			•	antal unit dagarihad in	aaatian 47	70/6//4//4/	6.4	
6	H	A federal, state, or local gov	ū				• •	من المصانية ما مصانية
7	ш	An organization that normal	•	itiai part of its support ii	rom a gove	ernmentai	unit or from the general p	oublic described in
_		section 170(b)(1)(A)(vi). (C		47/47/ 17 (0) 1 1	\			
8	Н	A community trust describe						
9	Ш	An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or
	- T-	university:						
10	X	An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations described	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c	omplete Part IV, Se	ctions A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ving
		control or management of	f the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	•			
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization					• •	•
d		Type III non-functionally						zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	-	•	•		•	
е		Check this box if the orga	•	•	•			
		functionally integrated, or					31 / 31 / 31	
f	Ente	r the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0			
g		ride the following information		d organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
								1

332021 12-21-23

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	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						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi			. (6)		T T	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
D	33 1/3% support test - 2022. If the constant have The average state and the state of the support test - 2022.						
474	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	• • •			and line 14 is 10%	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organiz	au011
L	meets the facts-and-circumstances test	_	•	*	-	17a, and line 15 is :	L
a	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circular and facts for a facts or a fact or a facts or a fact or a facts or a						
10	Private foundation. If the organization	ni did fiot check a	DUX UIT IIITE TO, TO	a, 100, 1/a, 01 1/1	b, check this box a	ina see instructions	

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	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	,		,,
	include any "unusual grants.")	1407863.	2285890.	1898623.	2018367.	2521433.	10132176.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	409,045.	375,586.	166,135.	155,665.	148,530.	1254961.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1816908.	2661476.	2064758.	2174032.	2669963.	11387137.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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.)						11387137.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1816908.	2661476.	2064758.	2174032.	2669963.	11387137.
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	105,817.	95,478.	44,493.	99,300.	120,693.	465,781.
k	Unrelated business taxable income (less section 511 taxes) from businesses		-	-			
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	105,817.	95,478.	44,493.	99,300.	120,693.	465,781.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1922725.	2756954.	2109251.	2273332.	2790656.	11852918.
14	First 5 years. If the Form 990 is for th	•					
_	check this box and stop here						
	ction C. Computation of Publi					[06 07
	Public support percentage for 2023 (li		•	.,,		15	96.07 % 96.91 %
	Public support percentage from 2022 ction D. Computation of Inves		•			16	96.91 %
	•			20 13 column (f)		17	3.93 %
	Investment income percentage for 20 Investment income percentage from 2					18	3.09 %
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						v
k	33 1/3% support tests - 2022. If the	-	-	•	•		
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	ructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Vos	Na
		Yes	No
	_		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	U		
	7		
	7		
	C		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
مادد	Δ (Forn	n aan	2022

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	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		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). 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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (See Instruction	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990) 2023 MICHIGAN ANIMAL RESCUE			38-1557622 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

___ 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) 2023

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

	MIGHTON ANIM	AL DECOME LEACH	112	າ	8-1557622 Page 7
	dule A (Form 990) 2023 MICHIGAN ANIM TV Type III Non-Functionally Integrated 509	AL RESCUE LEAGU (a)(3) Supporting Orga			0-1337022 Page 7
	ion D - Distributions	(a)(e) e apperg e : ga	THE CONTINU	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i	3	
4	Amounts paid to acquire exempt-use assets	,,		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii) Underdistributior		(iii) Distributable
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2023	15	Amount for 2023
Sect	Distributable amount for 2023 from Section C, line 6	Excess Distributions		15	
	<u> </u>	Excess Distributions		is	
1	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reason-	Excess Distributions		15	
1	Distributable amount for 2023 from Section C, line 6	Excess Distributions		15	
2	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.	Excess Distributions		15	
1 2 3 a	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023	Excess Distributions			
1 2 3 a b	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018	Excess Distributions			
1 2 3 a b c	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019	Excess Distributions			
1 2 3 a b c d	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020	Excess Distributions			
1 2 3 a b c d e	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021	Excess Distributions			
1 2 3 a b c d e f	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2022	Excess Distributions			
1 2 3 a b c d e f g	Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2022 Total of lines 3a through 3e	Excess Distributions			

Schedule A (Form 990) 2023

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2023 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.
 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

line 7:

and 4c.
 B Preakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MICHIGAN ANIMAL RESCUE LEAGUE

Employer identification number 38-1557622

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	ι	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	ind not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nuo statamant an	ad balance about works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lutthe	erance of public service,
	provide the following amounts relating to these items.			c
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

		ANIMAL RESCU					155762	2 p	o _{age} 2
Par	rt III Organizations Maintaining Co	llections of Art, His	torical Tre	asures, o	r Othei	r Similar Ass	ets (conti	nued)	
3	Using the organization's acquisition, accession	n, and other records, chec	k any of the f	ollowing that	make si	gnificant use of	its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	hange progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain how t	hey further th	e organizatio	n's exen	npt purpose in F	Part XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be main	ntained as part of the orga	nization's col	lection?			Yes		No
Par	rt IV Escrow and Custodial Arrang	ements Complete if the	organization	answered "	Yes" on I	Form 990, Part I	V, line 9, or		
	reported an amount on Form 990, Part	X, line 21.							
	Is the organization an agent, trustee, custodial	n, or other intermediary fo	r contribution	s or other as	sets not	included			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amour	ıt	
С	Beginning balance					1c			
d	Additions during the year								
е	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on For					ity?	Yes		No
	If "Yes," explain the arrangement in Part XIII. 0								Ī
	rt V Endowment Funds Complete if t					0.			
			Prior year	(c) Two year		(d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	0.	0.		0.	53,2	75.	49	,141.
b	Contributions								428.
С	Net investment earnings, gains, and losses	0.	0.		0.	-53,2	75.	3 ,	,706.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance							53	,275.
2	Provide the estimated percentage of the curre	nt year end balance (line 1	g, column (a)) held as:	•		•		
а	Board designated or quasi-endowment	•	. ,						
b	Permanent endowment	%							
С	Term endowment %	<u> </u>							
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.							
За	Are there endowment funds not in the possess		at are held an	d administer	ed for th	е			
	organization by:	· ·						Yes	No
	(i) Unrelated organizations?						3a(i)		
b	If "Yes" on line 3a(ii), are the related organizati								
4	Describe in Part XIII the intended uses of the c								
	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990, Part I	V, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or other	(b) Cost			ccumulated	(d) Boo	k valu	ıe
		basis (investment)		(other)	de	preciation			
1a	Land		17	5,724.			17	5,7	24.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,724.		175,724.
b Buildings		6,406,649.	1,098,610.	5,308,039.
c Leasehold improvements				
d Equipment		222,193.	98,788.	123,405.
e Other		358,052.	33,820.	324,232.
Total. Add lines 1a through 1e. (Column (d) must equa		5,931,400.		

Schedule D (Form 990) 2023

Part VII	Investments - Other Securities

	Investments - Other Securities			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
<u>(9)</u>	1) 15 200 5 17 17 10 1 (5))			
Part IX	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
I dit ix	Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
		escription	Tru. dec Form 330, Fait X, line 13.	(b) Book value
(1)	(4)	Cooription		(b) Book value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 15, col.	(R))		
Part X	Other Liabilities	<u> </u>		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 25, col.	(B))		
-	· · · · · · · · · · · · · · · · · · ·			

2. 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

2e

4c

746,225.

2,694,346.

-142,712.

Sche	edule D (Form 990) 2023	MICHIGAN	ANIMAL	RESCUE	LEAGU	JΕ			38-	1557622	Page 4
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re						turn				
	Complete if the organiz	zation answered "`	Yes" on Form	990, Part IV,	ine 12a.						
1	Total revenue, gains, and other	er support per aud	ited financial	statements					1	3,440,	571.
2	Amounts included on line 1 bu	ut not on Form 990	0, Part VIII, lin	e 12:							
а	Net unrealized gains (losses) of	on investments .				2a	689	,140.			
b	Donated services and use of f	facilities				2b	57	,085.			

2,551,634. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Recoveries of prior year grants

a Investment expenses not included on Form 990, Part VIII, line 7b

Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,560,223. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 57,085. a Donated services and use of facilities 2a **b** Prior year adjustments 2h 2c c Other losses 142,712 d Other (Describe in Part XIII.) 199,797. e Add lines 2a through 2d 2e 2,360,426. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 2,360,426. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Add lines 2a through 2d

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

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ALTHOUGH THE ORGANIZATION WAS GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO "UNRELATED BUSINESS TAXABLE NO INCOME TAX WAS INCURRED DURING THE YEAR ENDED DECEMBER 31, INCOME". 2023 AND 2022. THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE ORGANIZATION'S OPEN AUDIT PERIODS ARE 2020 - 2023.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

-142,712.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization							Employer identification number		
MICHIGAN ANIMAL RESCUE LEAGUE							38-1557622		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total									
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through YAPPY HOUR col. (c)) (event type) (event type) (total number) 257,378. 257,378. 1 Gross receipts 228,378. 228,378. 2 Less: Contributions 29,000. 29,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 97,279. 6 Rent/facility costs 97,279. 3,123. 3,123. **7** Food and beverages 11,990. 11,990. 8 Entertainment 30,320. 30,320. 9 Other direct expenses 142,712. **10** Direct expense summary. Add lines 4 through 9 in column (d) -113,712. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) **1** Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2023 MICHIGAN ANIMAL RESCUE LEAGUE 38-1	557	622	Page	3
11	Does the organization conduct gaming activities with nonmembers?		Yes	N	0
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	N	0
13	Indicate the percentage of gaming activity conducted in:				
a	a The organization's facility	13a			%
k	b An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				_
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	N	0
k	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount				
	of gaming revenue retained by the third party \$				
C	c If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				_
					_
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_			
	retain the state gaming license?		Yes	N	0
k	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lin	es 9, 9	9b, 10b,	
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				_
					_
					_
					_

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	MICHIGAN	ANIMAL	RESCUE	LEAGUE	38-1557622	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(continue}	ed)				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection
Employer identification number

MICHIGAN ANIMAL RESCUE LEAGUE 38-1557622 **Types of Property** Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 75,215.FMV (FOOD & SUPPLIES) Х 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? If "Yes," describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2023

describe in Part II.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MICHIGAN ANIMAL RESCUE LEAGUE

Employer identification number 38-1557622

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

DOGS AND CATS THROUGH RESCUE, MEDICAL CARE, SOCIALIZATION AND

BEHAVIORAL SUPPORT, SHORT- AND LONG-TERM SANCTUARY, ADOPTION, AND

COMMUNITY EDUCATION AND OUTREACH.

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

THE ORGANIZATION'S INTERNAL ACCOUNTANT REVIEWS THE FORM WITH THE OUTSIDE

AUDITORS. ONCE ALL EDITS ARE MADE TO THE DRAFT COPY, THE FORM IS EMAILED TO

ALL BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. ANY QUESTIONS OR CHANGES

ARE ADDRESSED AT THAT TIME. ONCE APPROVED BY THE BOARD TREASURER AND

PRESIDENT, THE FINAL COPY IS SIGNED BY THE BOARD PRESIDENT. A FINAL COPY OF

FORM 990 IS PROVIDED ON THE BOARD OF DIRECTORS AT THE NEXT QUARTERLY

MEETING.

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

ONE STAFF MEMBER AND BOARD MEMBER IS ASSIGNED TO REVIEW POTENTIAL CONFLICT
OF INTERESTS ANNUALLY TO ENSURE DISCLOSURE AND COMPLIANCE.

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

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED AND RECOMMENDED WITHIN THE

EXECUTIVE COMMITTEE AND PRESENTED TO THE BOARD WHERE IT IS PUT TO A VOTE.

ALL EMPLOYEE SALARIES ARE DETERMINED BY THE EXECUTIVE DIRECTOR AND

MANAGEMENT STAFF.

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

FINANCIAL STATEMENTS ARE POSTED TO OUR WEBSITE AS SOON AS THE ANNUAL AUDIT
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization MICHIGAN ANIMAL RESCUE LEAGUE	Employer identification number 38-1557622
IS COMPLETE. OTHER DOCUMENTS WOULD BE PROVIDED UPON WRITTE	N REQUEST.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	