EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2023 calendar year, or tax year beginning and e	ending				
B c	heck if oplicable:	C Name of organization		D Employer identific	cation number		
	Address change	K-9 STRAY RESCUE LEAGUE					
	Name change	Doing business as		38-31549	67		
	Initial return Final		Room/suite	E Telephone number 248-628-			
	Jreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	727,434.		
	Amende			H(a) Is this a group re	eturn		
	Applica tion pending	F Name and address of principal officer:MARK PICHE		for subordinates	? Yes X No		
IT	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527		list. See instructions		
	Vebsite		W. 5009/Page 5	H(c) Group exemption	n number		
		organization: X Corporation Trust Association Other	L Year	of formation: 1990 N	State of legal domicile: MI		
	rt I	Summary					
d)	1 E	Briefly describe the organization's mission or most significant activities: OVER	700 I	OOGS AND PUP	PIES WERE		
Activities & Governance	I	RESCUED FROM SHELTERS, VETTED, SPAYED OR	NEUTI	ERED, AND TH	EN		
rna	2	Check this box if the organization discontinued its operations or dispos	sed of mor				
ove	1 8	Number of voting members of the governing body (Part VI, line 1a)		3	6		
S D	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	6		
es	5 7	otal number of individuals employed in calendar year 2023 (Part V, line 2a)			3		
Viti	6	otal number of volunteers (estimate if necessary)		6	97		
\cti	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12			-122,677.		
_	۱d	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
e			_	Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)		155,540.	142,300.		
Revenue	0.00000	Program service revenue (Part VIII, line 2g)		66,240.	69,771.		
Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		52.	-114,586.		
(1		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,524. 270,356.	45,883.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.0	270,356.	143,368.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	6,891.		
ses	AWARE II	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NOOTH STORY OF THE PERSON OF T	0.	0,891.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Exp		Fotal fundraising expenses (Part IX, column (D), line 25)	0.	198,726.	202,504.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		198,726.	209,395.		
	2000	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		71,630.	-66,027.		
- SS	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year		
ance	20 -	Fotal assets (Part X, line 16)	-	781,844.	712,402.		
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		4,487.	1,072.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		777,357.	711,330.		
P	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	ments, and to the best of m	y knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of w					
Sig	n	Signature of officer		Date			
He		MARK PICHE, PRESIDENT					
	•	Type or print name and title					
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	d	KATHLEEN A JENKINS		09/26/24 if self-employ	P00284023		
	parer	Firm's name JENKINS MAGNUS VOLK & CARROLL PC		Firm's EIN 3	8-2081519		
	Only	Firm's address 21 EAST LONG LAKE ROAD STE #200					
		BLOOMFIELD HILLS, MI 48304-5181		Phone no. (2	48) 858-2400		
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		•	X Yes No		

-orm	990 (2023) K-9 STRAY RESCUE LEAGUE	38-3154967	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission:		id
1	OVER 700 DOGS AND PUPPIES WERE RESCUED FROM SHELTERS	. VETTED, SPAYE	D
	OVER 700 DOGS AND POPPLES WERE RESCRIPTIVE OF LOVING	DEDMANENT HOM	E.S.
	OR NEUTERED, AND THEN SUCCESSFULLY ADPOTED TO LOVING	DOUTE THE BECL	T T
	KENNEL FACILITIES ARE CONTINOUSLY BEING IMPROVED TO	PROVIDE THE BEST	<u> </u>
	CARE FOR DOGS. OUR MISSION IS TO INCREASE PUBLIC AWAI	RENESS ABOUT	
2	Did the organization undertake any significant program services during the year which were not listed on	the	
2	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	vices?	Y No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	vices? Yes	INO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by expenses	3.
500 FLL	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, a	and
	revenue, if any, for each program service reported.		
	102 160	(Revenue \$ 69,	771.)
4a	(Code:) (Expenses \$ 192,169. including grants of \$) DOG AND PUPPY RESCUE PROGRAM. VETTING, SPAYING AND/O		
	DOG AND PUPPY RESCUE PROGRAM. VETTING, SPATING AND/O	ID CARE DURI IC	
	DOGS. ADOPTION PROGRAM. KENNELING OF DOGS WHILE IN O	UR CARE. PUBLIC	
	EDUCATION OF PET OWNERSHIP/MANAGEMENT.		
			-
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
40	(Code:) (Expenses 5 including grants of \$\frac{1}{2}\$	(10,0,0,0	
		4 0 0	
			· · · · · · · · · · · · · · · · · · ·
	/- Ve a including group of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Hoverido o	
	1. Other pregram convices (Describe on Cabadula O.)		
4d		V	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 192,169.		
		Form !	990 (2023)

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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)? If "Yes," complete Schedule A	1	х	
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		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	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			
J	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			Name 2010
Ū	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	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			2000
	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,	Signal Biggs		
	as applicable.	1		
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			177
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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
14a		14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
۸-	or more? If "Yes," complete Schedule F, Parts I and IV	170		 -
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	122		7.7
	complete Schedule G, Part III	19		X
20		20a	-	$+^{\Delta}$
l	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	27

Par	t IV Checklist of Required Schedules (continued)		, T	<u></u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	i	Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		X
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
a	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	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):		le III	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	The second		37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			- v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
90000	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
34	Part V, line 1	34		x
25.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
N	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0	38	X	
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			
-	<u> </u>		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	의		
k	Enter the number of Forms W-2G included on line 1a. Enter ·0· if not applicable	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		.,	
24	(gambling) winnings to prize winners?	1c	X	(2023
		HOrr	_ 221	コンロンマ

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K-9 STRAY RESCUE LEAGUE

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required \mathbf{x} to file Form 8282? e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders _____ b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Seci	ion A. Governing Body and Management			
360	IOIT A. GOVERNING BODY and management	1	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1776		
ia	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent		775	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	A STATE OF THE PARTY OF THE PAR	2		X
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization become aware during the year of a significant division of the organization have members or stockholders?	6		X
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			, .
/a	more members of the governing body?	7a		Х
1-	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
D	persons other than the governing body?	7b		Х
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			- Free
8		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	Х	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
Sec	tion B. Policies (This Section B requests information about policies not required by the internal notation about		Yes	No
40	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
р	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ŀ
0.00	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	0.52		1300
10-	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	100	Х
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	122		\vdash
С		12c		
	on Schedule O how this was done	13		X
13	Did the organization have a written wristleblower policy? Did the organization have a written document retention and destruction policy?	14		X
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	1707	1552	6 69
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		15a		X
	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization	100	-	
	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	16a		x
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b	124.22	Sheet and
_	exempt status with respect to such arrangements?	100	-	
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MI	Ne onl	v) ava	ilahle
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	<i>ij</i> a 0111	y, ava	Idolo
	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)			
		nd fina	ncial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nu iina	ancial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARK PICHE - 248-628-0435			
	2120 METAMORA ROAD, OXFORD, MI 48371			-

Form 990 (2023)

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

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

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

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

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization r		l	. IIZa			,,,,,,,,		(D)	(E)	(F)
(A) Name and title	(B) Average hours per week	box	unles	ss per	ition more rson i	than o s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated 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) MARK PICHE	30.00								_	•
PRESIDENT		Х		X				0.	0.	0
(2) RENEE WILLIAM	15.00								0.	0
SECRETARY		Х		X		11116		0.	0.	U
(3) HOLLY LAKO	15.00	1			1			,		_
TREASURER		Х		X			_	0.	0.	0
(4) KAREN KRONK	0.00	١								0
DIRECTOR		Х	_			_		0.	0.	U
(5) JUSTINE HUBBARD	0.00	١							0.	0
DIRECTOR		Х	_		_	_		0.	0.	0
(6) MELANIE EBIWARE	0.00	$ _{\mathbf{x}}$						0.	0.	0
DIRECTOR		Δ.						0.		
			_			_				
		1_	_		_					
		1								
	+	+		+	+	+				

332007 12-21-23

K-9 STRAY RESCUE LEAGUE

Part	VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	2002-00		V (m)			_
	(A)	(B)			_ ((20		(D)	(E)			(F)	25
	Name and title	Average	Positio			SitiON more than one			Reportable	Reportable			mate	
		hours per					is bot		compensation	compensation			ount c	if
		week (list any		COI CIII		100.0	7,1140	100,	from	from related organizations		other compensatio from the organization		rion
		hours for	ndividual trustee or director				_		the organization	(W-2/1099-MISC	/			
		related	96 or 0	stee	100		nsateo		(W-2/1099-MISC/	1099-NEC)				
		organizations	truste	al tru:		уее	эши		1099-NEC)			and	relate	ed .
		below	idual	nstitutional trustee	a	Key employee	est co loyee	Jer.				organ	nizatio	ากร
		line)	Indi	Insti	Officer	Key 6	Highest compensated employee	Former				- September -		
					1		ì							
											1			
		(ł									
										West and the second				
			П			П								
											_			
1b	Subtotal								0.		0.			0.
	Total from continuation sheets to Part								0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but	not limited to t	hose	e list	ed a	bov	/e) w	ho r	eceived more than \$100	0,000 of reportable	1			372
	compensation from the organization													0
													Yes	No
3	Did the organization list any former office	r, director, trus	tee,	key	emp	oloy	ee, c	r hiç	ghest compensated em	oloyee on				
	line 1a? If "Yes," complete Schedule J for	such individua	Ι									3		X
4	For any individual listed on line 1a, is the	sum of reportat	ole c	omp	ens	atio	n an	d ot	her compensation from	the organization	1			
	and related organizations greater than \$1											4		Х
5	Did any person listed on line 1a receive o													
	rendered to the organization? If "Yes," co	mplete Schedu	ile J	for s	such	per	rson					5		X
Sec	tion B. Independent Contractors											10000		
1	Complete this table for your five highest of										oens	ation f	rom	
	the organization. Report compensation for	or the calendar	year	enc	ding	with	orv	vithi		year.		9894	200	
	(A)								(B)		_	(C	;) ti-	
	Name and busines	ss address	N	ОИ	E				Description of	services	-	ompe	isatio	П
						,								
Sa														
										8				
2	Total number of independent contractors	(including but	not	limit	ed t	o th	ose	liste	d above) who received	more than				
	\$100,000 of compensation from the orga						0							

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Par	t VII						
		Check if Schedule O contains a response or note	to any line in		/D\	(C)	(D)
				(A) otal revenue	(B) Related or exempt	Unrelated	Revenue excluded
			'	Otarrevenue		business revenue	from tax under sections 512 - 514
							Sections 5 12 - 5 14
nts	1 a	Federated campaigns1a					
o a	b	Membership dues1b					
S, C	С	Fundraising events1c	5,970.				
a it	d	Related organizations 1d					
Bi.	е	0					
Sign	f	All other contributions, gifts, grants, and					
her			36,330.				
ĒΦ	C	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		142,300.			
_			ss Code				
o l	2 a	PET ADOPTIONS 5419	00	69,771.	69,771.		
Program Service Revenue	b						
	c						
Regar							
S	e	All other program service revenue		0			
	1	Total. Add lines 2a-2f		69,771.			
\dashv	3	Investment income (including dividends, interest, and					
	3	other similar amounts)		8,091.			8,091.
	4	Income from investment of tax-exempt bond proceed	The control of the co				
	4		·				
	5	Royalties(i) Real (ii) Pe	ersonal			ense tekto iz se tr	
	_		Siddriai				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c				-	
		Net rental income or (loss)	Other				W-125 - 1126
	/ 8		25,000.				
			23,000.				
a l	ı	Less: cost or other basis	47,677.			/	
Revenue			22,677.				
eve		, , , , , , , , , , , , , , , , , , , ,		-122,677.		-122,677.	
er B		Net gain or (loss)		-122,011.		122,011	
Othe	8 8	Gross income from fundraising events (not					
0		including \$ 5,970. of					
		contributions reported on line 1c). See	00 070				
		1 20 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	82,272.				
		2 20001 011001 0110000	36,389.	45,883.			45,883.
	13			45,883.			45,005.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses9b					
	ı	Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		b Less: cost of goods sold10b	190				
		Net income or (loss) from sales of inventory					
S		Busin	ess Code				
eor Ie	11	a					-
Miscellaneous Revenue		b					
evel		c					
Mis		d All other revenue		ii iii			
	L	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		143,368	. 69,771	-122,677	53,974.

K-9 STRAY RESCUE LEAGUE

Form 990 (2023) K-9 STRAY RES
Part IX Statement of Functional Expenses

Section 50	(c)(3) and 501(c)(4) organizations mu	st complete all columns.	. All other organizations must complete column (A).	

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se or note to any line in t	his Part IX	(C)	(D)
Do r 7b,	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
10000	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	W. 1971			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,401.	6,401.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	490.	490.		
11	Fees for services (nonemployees):	11/10/11/02			
а	Management				
b	Legal	175.		175.	
С	Accounting	2,090.		2,090.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Out (If line 11 amount owned a 100/ of line 0E				
·	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,682.		1,682.	
13	Office expenses	10,626.	464.	10,162.	7
14	Information technology	1,032.	100.	932.	
15	Royalties				
16	Occupancy	20,461.	18,777.	1,684.	
17	Travel	0.5			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			1.55	
23	Insurance	9,300.	8,835.	465.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	OUMCIDE CERVICEC	78,923.	78,923.		
k	MEDICAL	63,963.	63,963.		
	TENTATET	8,562.	8,562.		
,	MD ANICDODM	3,105.	3,105.		
	All other expenses	2,585.	2,549.	36.	2
25	Total functional expenses. Add lines 1 through 24e	209,395.	192,169.	17,226.	0 .
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
0000	10 12-21-23				Form 990 (2023

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Form 990 (2023)
Part X Balance Sheet

Pan	LX	Balance Sheet			
-		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
\neg	1	Cash - non-interest-bearing	74,649.	1	135,440
	2	Savings and temporary cash investments	186,774.	2	44,796
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
1		trustee, key employee, creator or founder, substantial contributor, or 35%			
1		controlled entity or family member of any of these persons		5	
1	6	Loans and other receivables from other disqualified persons (as defined			
1		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Since H	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b	520,421.	10c	
	11	Investments - publicly traded securities		11	
1	12	Investments - other securities. See Part IV, line 11		12	167,496
	13	Investments - program-related. See Part IV, line 11		13	was an initial and
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	364,670
4	16	Total assets. Add lines 1 through 15 (must equal line 33)	781,844.	16	712,402
	17	Accounts payable and accrued expenses	4,487.	17	1,072
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
8	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of these persons		22	~~~
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D	1 107	25	1 072
\dashv	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	4,487.	26	1,072
ß					
	07	and complete lines 27, 28, 32, and 33.	777 257		711 220
ğ	27	Net assets without donor restrictions	777,357.	27	711,330
2	28	Net assets with donor restrictions		28	
2		Organizations that do not follow FASB ASC 958, check here			
5	20	and complete lines 29 through 33.		00	
3	29	Capital stock or trust principal, or current funds	*****	29	11-2
2	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
F	31	Retained earnings, endowment, accumulated income, or other funds	777,357.	31	711 220
_	32	Total net assets or fund balances		32	711,330
	33	Total liabilities and net assets/fund balances	781,844.	33	712,402

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	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					c 0
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		-	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	TT	1,3	57.
5	Net unrealized gains (losses) on investments	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,	1			
	column (B))	10	71	1,3	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		30		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	English (77
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	í on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			1.0	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	-	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.	13:22		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				٠,,
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
h	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1

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