

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>FACC'S - FRIENDS OF ANIMAL CARE &amp; CONTROL</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 80739</b> City, town, or post office, state, and ZIP code <b>PHOENIX, AZ 85060</b> <b>F Name and address of principal officer: CHERYL NAUMANN</b> <b>P.O. BOX 80739, PHOENIX, AZ 85060</b>	<b>D Employer identification number</b> <b>86-1008549</b> <b>E Telephone number</b> <b>602-840-2843</b> <b>G Gross receipts \$</b> <b>1,444,035.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> <b>WWW.AZFACCS.ORG</b>
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> <b>2001</b> <b>M State of legal domicile:</b> <b>AZ</b>

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO END EUTHANASIA OF HEALTHY AND ADOPTABLE DOGS AND CATS IN OUR COMMUNITY BY RAISING</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	65
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 408,720.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		366.	1,198.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		202,825.	-24,797.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		611,911.	1,170,604.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	401,437.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	141,426.	131,288.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	259,742.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	216,313.	149,678.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	759,176.	933,967.
19 Revenue less expenses. Subtract line 18 from line 12	-147,265.	236,637.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 523,695.	End of Year 991,471.
	21 Total liabilities (Part X, line 26)	7,238.	266,511.
	22 Net assets or fund balances. Subtract line 21 from line 20	516,457.	724,960.

**Part II Signature Block**

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

Sign Here	Signature of officer: <b>LEANNA TAYLOR, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
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Paid Preparer	Print/Type preparer's name <b>BARBARA HORNER</b>	Preparer's signature <i>Barbara Horner</i>	Date <b>5/15/14</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00050181</b>
Preparer	Firm's name <b>MCGLADREY LLP</b>	Firm's EIN <b>42-0714325</b>	Phone no. <b>602-636-6000</b>		
Preparer	Firm's address <b>501 N. 44TH ST, SUITE 300 PHOENIX, AZ 85008-6536</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**