$\mathbf{990}$

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation: Do not enter social security numbers on this form as it may be made public. OMB No. 1545-

Open to Public Inspection

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury Internal Revenue Service

			<u> </u>							
			lendar year, or tax year beginning C Name of organization	g 01-01-2022 , and ending 12-31-20	122	D Emplo	ver identi	ification number		
	ck if ap Idress c	oplicable: change	MERCY FOR ANIMALS INC			D Lilipio	yer identi	incation number		
— Na	me cha	ange				54-2	076145			
	itial retu	urn	Doing business as							
Fin	ıal n/termin	nated				F Telenho	one numbei	r		
— An	nended	l return		ail is not delivered to street address) Room/s	uite	·				
— Ap	plicatio	on pending	8033 SUNSET BLVD 864			(866)	632-64	46		
			City or town, state or province, count LOS ANGELES, CA 90046	try, and ZIP or foreign postal code						
			·		1	G Gross i	receipts \$ 3	7,185,586		
			F Name and address of princip LEAH GARCES	al officer:	H(a)	Is this a group	return for			
			8033 SUNSET BLVD 864		н(ь)	subordinates? Are all subordin	nates	Yes No		
			LOS ANGELES, CA 90046		- "(")	included?		Yes No		
I Ta	x-exem	npt status:	▼ 501(c)(3)	sert no.) 4947(a)(1) or 527		If "No," attach				
J W	ebsite	e: WW	/W.MERCYFORANIMALS.ORG		H(c)	Group exemption	n numbe	r 🕨		
K For	n of or	ganization	: Corporation Trust Association	on Other	L Year	of formation: 2002	M State	of legal domicile: DE		
Pa	art I		mary					_		
			scribe the organization's mission INDUSTRIAL ANIMAL AGRICUL	or most significant activities: TURE BY CONSTRUCTING A JUST.	AND SI	ISTAINABLE EC	OD SYS	TFM		
ce	_	O END .	THE OSTRINE MATTINE MORIEGE	TOKE BY CONSTRUCTING X 3031	71110 00	7517/11/// 1022 1 0	000 010			
e e	_									
Activities & Governance	-		. —							
Q.				scontinued its operations or disposed		e than 25% of its				
×			•	ng body (Part VI, line 1a)			3	10		
es			,	f the governing body (Part VI, line 1b)			4	10		
È	5	Total nui	mber of individuals employed in o	calendar year 2022 (Part V, line 2a)			5	121		
5			mber of volunteers (estimate if n	* *			6	119		
4	7a	Total uni	related business revenue from Pa	art VIII, column (C), line 12 · · ·			7a	0		
	b	Net unre	lated business taxable income fr	om Form 990-T, Part I, line 11			7b	0		
						Prior Year		Current Year		
9	8	Contribu	tions and grants (Part VIII, line 11	1)		17,626,	828	28,845,377		
Revenue	9	Program	service revenue (Part VIII, line 2		0	0				
Se Se	10	Investm	ent income (Part VIII, column (A),	lines 3, 4, and 7d) • • • •		641,	847	567,435		
	11	Other re	venue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)		-46,	477	-176,710		
	12	Total rev	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), line 1	2)	18,222,	198	29,236,102		
	13	Grants a	nd similar amounts paid (Part IX,	column (A), lines 1-3)		2,744,	2,744,363 2,530,			
	14	Benefits	paid to or for members (Part IX, o	column (A), line 4)			0	0		
88	15	Salaries,	other compensation, employee I	penefits (Part IX, column (A), lines 5-	-10)	7,329,	164	8,712,453		
Exp enses	16a	Professi	onal fundraising fees (Part IX, col	umn (A), line 11e)		47,	000	104,550		
che	Ь	Total fund	raising expenses (Part IX, column (D),	line 25) 2,211,134						
Ω	17	Other ex	penses (Part IX, column (A), line	es 11a-11d, 11f-24e) · · ·		2,963,	963	3,209,835		
	18	Total ex	penses. Add lines 13-17 (must e	equal Part IX, column (A), line 25)		13,084,	490	14,556,914		
	19	Revenue	less expenses. Subtract line 18	from line 12		5,137,	708	14,679,188		
or or					В	eginning of Curre	nt	End of Year		
Net Assets or Fund Balances						Year				
Bal	20	Total ass	sets (Part X, line 16)			27,760,	277	40,579,555		
ig of	21	Total lial	oilities (Part X, line 26)			660,	279	850,361		
Zű	22	Net asse	ts or fund balances. Subtract lin	e 21 from line 20		27,099,	998	39,729,194		
Pa	ırt II	Sign	ature Block							
				mined this return, including accompa						
		-	nowledge.	plete. Declaration of preparer (other t	Liiaii Oiii	cer) is based on	all lillolli	iation of which		
		<u> </u>				2023-11-10				
Sigr	,	Signat	ure of officer			Date				
Her		_	GARCES PRESIDENT							
		Type o	r print name and title							
		P	rint/Type preparer's name	Preparer's signature	Date	Check if	PTIN			
Paid	d						P0204723	0		
	, pare	er 📙	irm's name 🕨 MAZARS USA LLP				f-employed m's EIN > 13-1459550			
	Onl	<u> </u>	irm's address 135 WEST 50TH STREE	Г	Phone no. (212) 812-7000	<u> </u>			
JJC	. JIII	·y				FIIOTIE 110. (212	., 512 /000	•		
	1	.6 "	NEW YORK, NY 100200					✓ Yes □ No		
ıvı av 1	na ID	- dicciic	s this return with the preparer sl	nown angues 500 Instructions				W VAC I NA		

Form 990 (2022)

Part III

	the prior Form 990 or 990-EZ?						
	If "Yes," describe these new services on Schedule O.						
3 Did the organization cease conducting, or make significant changes in how it conducts, any program							
	services?						
	If "Yes," describe these changes on Schedule O.						
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others.						

301(C)(3) and the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,486,045 including grants of \$ 87.992) (Revenue \$ 4a

PUBLIC ENGAGEMENT: IN 2022, MERCY FOR ANIMALS' PUBLIC ENGAGEMENT DEPARTMENT REACHED MILLIONS WITH MESSAGES OF COMPASSION FOR FARMED ANIMALS AND ENCOURAGED COMPASSIONATE DIET CHANGE THROUGH PLANT-BASED EATING, WE HARNESSED THE POWER OF SOCIAL MEDIA, VIDEO CONTENT, TRADITIONAL MEDIA, AND CELEBRITY PARTNERSHIPS, ALL IN SUPPORT OF OUR CAMPAIGNS TO INCREASE LEGAL PROTECTIONS AND CORPORATE POLICIES FOR FARMED ANIMALS. THE SOCIAL MEDIA TEAM GARNERED 19 MILLION ONLINE VIDEO VIEWS, 110 MILLION IMPRESSIONS, AND NEARLY 1.5 MILLION CHOOSEVEG AND MERCY FOR ANIMALS BLOG VIEWS. OUR PUBLIC ENGAGEMENT DEPARTMENT ALSO SECURED MEDIA COVERAGE FROM THE NEW YORK TIMES, CNN, THE

WASHINGTON POST, VOX, AND OTHER OUTLETS, RESULTING IN OVER 450 MEDIA HITS IN 2022. (Code:) (Expenses \$ 946,083 including grants of \$) (Revenue \$ 4h INVESTIGATIONS: IN 2022, MERCY FOR ANIMALS RELEASED FOUR INVESTIGATIONS. FIVE DRONE VIDEOS, AND ONE INVESTIGATIVE DOCUMENTARY SHORT, SPANNING SEVERAL COUNTRIES COMBINED. IN THE U.S., WE EXPOSED AN ALDI CHICKEN SUPPLIER, PAVING THE WAY FOR OUR CAMPAIGN ASKING THE

SUPERMARKET CHAIN TO MAKE CHICKEN WELFARE IMPROVEMENTS. WE ALSO RELEASED HARROWING FOOTAGE OF GESTATION-CRATE CRUELTY CAPTURED, JUST TO OVERTURN CALIFORNIA'S PROP 12, ONE OF THE STRONGEST FARMED ANIMAL PROTECTION LAWS. IN BRAZIL, WE UNCOVERED THE HARSH REALITY FOR CHICKENS SUPPLIED TO PROCESSORS AUTHORIZED TO EXPORT TO THE EUROPEAN UNION, AS WELL AS THE BRUTALITY SUFFERED BY CATTLE IN SLAUGHTERHOUSES. IN MEXICO, WE UNCOVERED ANIMAL CRUELTY AT A CHICKEN HATCHERY.

ONE WEEK BEFORE THE U.S. SUPREME COURT HEARD ORAL ARGUMENTS IN NATIONAL PORK PRODUCERS COUNCIL V. ROSS. THIS CASE THREATENED BUT FAILED

(Code:) (Expenses \$ 1,610,199 including grants of \$ 108,867) (Revenue \$ 4c

CORPORATE ENGAGEMENT: THE CORPORATE ENGAGEMENT PROGRAM PLAYS A CRITICAL ROLE IN WORKING WITH MAJOR FOOD COMPANIES TO DRASTICALLY

REDUCE OR ELIMINATE THE SUFFERING AND CRUEL TREATMENT OF ANIMALS IN THEIR SUPPLY CHAIN, AND TO INCREASE ADOPTION AND ACCESSIBILITY OF PLANT-BASED PRODUCTS. THIS PROGRAM CONDUCTS OUTREACH AND NEGOTIATIONS WITH FOOD COMPANY EXECUTIVES AND RUNS PUBLIC CAMPAIGNS TO

ACHIEVE PROGRESS AND IMPROVED WELFARE FOR FARMED ANIMALS.

) (Expenses \$ 4,605,309 including grants of \$ 2,333,217) (Revenue \$ (Code:

MERCY FOR ANIMALS OPERATES A NUMBER OF OTHER PROGRAMS; INCLUDING ORGANIZING AND MOBILIZING VOLUNTEERS TO BUILD A STRONGER MOVEMENT: LEGAL ADVOCACY: THE GOVERNMENT AFFAIRS AND PUBLIC POLICY TEAM FOCUSES ON POLICY MEASURES TO REDUCE SUFFERING FOR FARMED ANIMALS AND

PROMOTE PLANT-BASED EATING; AND DEVELOPING MODELS TO HELP FACTORY FARMERS TRANSITION TO PLANT-CENTERD BUSINESSES AND CONDUCTING

RESEARCH THAT WILL EMPOWER THE FARMED ANIMAL PROTECTION MOVEMENT.

Other program services (Describe in Schedule O.) 4d 4,605,309 including grants of \$ 2,333,217) (Revenue \$ 35,314) (Expenses \$

9,647,636 Total program service expenses >

Page 2

Form	990 (2022)			Page :
Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form **990** (2022)

Νo

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

VIII, IX, or X, as applicable.

16

17

n 990	(2022)		Page
rt IV	Checklist of Required Schedules (continued)		
		Yes	No

orm	1 990 (2022)			Page
Pa	rt 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d			

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

b 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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

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

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

អ៊ីត៉េហ៊ីតិទី សញ្ជានៅទីដាំទីក្រុមក្រុម និង្សារី to 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

ชี้เข้Yสระ" ชีญชิคโซโซเอิร์ทิติปูนโตโลใะ, terminate, or dissolve and cease operations? If "Yes," complete schedule N. Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

พื่แร้งหลื เชาสูมิศาร์ลเรียกใช้เลี้ยง ใช้เร็กง tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity 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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Nο

No

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

41

Λ

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2022)

Form **990** (2022)

Pai	statements Regarding Other IRS Filings and Tax Compliance (continued)			_				
2 a	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							
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a	Yes					
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial \Re^{Cop} onter the name of the foreign country: \blacktriangleright C A							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	_						
_	WEATING organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o				
b	, , , , , , , , , , , , , , , , , , , ,	5b						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h						
	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?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other							
	sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.			-				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No				
16	If "thesorrage itations truetloos tionab files Fiturio47ឱ្យប្រទួន៤៤៩០៧៤៤ 4968 excise tax on net investment income?	16		No				
17	• • . 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.	17						

independent

year by the following:

13

14

Νo

Nο

Νo

Νo

Nο

Νo

Νo

Νo

No

Νo

Nο

10

2

3

4

5

6

7a

8a

8b

9

10a

10b

11a

12a

12b

13

14

16a

16b

Yes Yes

Yes

Yes

Yes

Yes

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI											
Section A. Governing Body and Management											
			Y	es	N						
1a Enter the number of voting members of the governing body at the end of the tax	1a	10									
Yethere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee											

Section A. Governing Body and Management									
				Yes	1				
1a Enter the number of voting members of the governing body at the end of the tax	1a	10							
Yearer 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 in Schedule O.									

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors or trustees, or key employees to a management company or other person?

Did the organization make any significant changes to its governing documents since the prior Form 990 was

file the organization become aware during the year of a significant diversion of the organization's assets? . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

organization's mailing address? If "Yes," provide the names and addresses in Schedule 0

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

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

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

b Enter the number of voting members included in line 1a, above, who are

10a Did the organization have local chapters, branches, or affiliates?

Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? .

b Each committee with authority to act on behalf of the governing body?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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 . . 15a **b** Other officers or key employees of the organization 15b

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, $\mathsf{KS}, \mathsf{KY}, \mathsf{LA}, \mathsf{ME}, \mathsf{MD}, \mathsf{MA}, \mathsf{MI}, \mathsf{MN}, \mathsf{MS}, \mathsf{MO}, \mathsf{NV}, \mathsf{NH},$ NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TX ,TN,UT,VA,WA,WV,WI

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Section 6104 requires an organization to make its Form 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

Own website 🗌 Another's website 📝 Upon request 🔲 Other (explain in Schedule O) Describe in 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: ▶SHAHID MAQSOOD 8033 SUNSET BLVD STE 864 LOS ANGELES, CA 90046 (866) 632-6466

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See the instructions for the order in which to list the persons above.												
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A) Name and title	(B) Average hours per week (list any hours for	uı	(C) ition (do not check more inless person is both an o	office)	cer a	and a	1	from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	related organizations below dotted line)	dividual trustee director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations		
(1) NEYSA COLIZZI BOARD CHAIR	1.00	X		х				0	0	0		
(2) LISA FERIA VICE CHAIR	1.00	×		Х				0	0	0		
(3) MICHAEL PELLMAN ROWLAND TREASURER	1.00	×		х				0	0	0		
(4) ASHLEY BUGEJA VUU DIRECTOR	1.00	· x						0	0	0		
(5) DEREK COONS DIRECTOR	1.00	· x						0	0	0		
(6) ALEXIS FOX DIRECTOR	1.00	x						0	0	0		
(7) SIDDHARTH HARIHARAN DIRECTOR	1.00							0	0	0		
(8) LIZA HEAVENER DIRECTOR	1.00	· x						0	0	0		
(9) TYSON-LORD GRAY DIRECTOR		· x						0	0	0		
(10) JAIME SURENKAMP DIRECTOR		· x						0	0	0		
(11) JODI MEDOFF SECRETARY / GENERAL COUNSEL				х				120,813	0	5,056		
(12) LEAH GARCES CEO AND PRESIDENT				х				158,379	0	6,150		
(13) KELCEY MEADOWS-LUCAS SENIOR PHILANTHROPY OFFICER						х		144,375	0	11,983		
(14) SUSAN LANE SVP OF PHILANTHROPY						Х		128,083	0	25,528		
(15) JESSE MARKS SVP OF PROGRAMS						х		115,440	0	9,514		
(16) VICTORIA WEISS VP OF FINANCE						Х		109,147	0	2,521		
(17) MATTHEW SCHEER VP OF PUBLIC ENGAGEMENT	40.00					Х		107,599		,		
4	•								Form 900 (2)	0221		

(A) (B) Name and title Average				(C) tion (do not check more				(D) Reportable	Reportable Reportable) ated	
		hours per week (list	u	nless person is both an director/truste		cer	and a	compensation from the	compensation from related		amount o		
		any hours for related	오늘	Institutional Trustee;		줎	9 =	F	organization (W-2/1099-	organization (W-2/1099	S	from	the
		organizations	dividual directo		Officer	Key employee	ghes	Former	MISC/1099-	MISC/1099		organiz and re	lated
		below dotted line)	ctor			nplo	t co	~	NEC)	NEC)		organiz	ations
			Individual trustee or director			уөө	Highest compensated employee						
			99				msad						
							ted						
											\perp		
	Sub-Total Total from continuatio						*				+		
	Total from continuatio Total (add lines 1b and		-	ection A			*		883,836		0		70,743
2				not limited to those listent the organization 10		bove	e) who	rece	eived more than		-		
											_	Yes	No
3	Did the organization on line 1a? If "Yes," o	,		, director or trustee, ke	y er •	nplo •	yee, c	r hig •	hest compensate	ed employee			NI -
4	•	,		sum of reportable compe	ensa	atior	n and o	other	compensation fr	om the	3		No
	organization and rela individual	ated organizatio	ns gre	ater than \$150,000? <i>If</i>	"Yes	s," c	omple	te Sc	hedule J for such		4	Yes	
						•					_	165	
5				accrue compensation fr 'es," complete Schedule 3						ndividual for	5		Νο
Se	ection B. Indepen	dent Contra	ctors										
1				ompensated independer t compensation for the								tax year.	
		-	(A)				,			(B)	Ť	(C Compen)
JOBPI	LEX	ivallie a	nu busii	less address					RECRUTIMENT		+		159,600
	WACKER STE 2700 AGO, IL 60606												
	,										#		
											_		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part		Stateme	nt of Revenue								Page 9
ran	V 111		hedule O contains a res	ponse or not	te to	any line in this Part	VIII				🗆
						(A) Total revenue	(B) Related exem function reven	l or pt on	(C) Unrelate busines revenu	S	(D) Revenue excluded from ax under sections 512 - 514
Contr	buti	ons, Gifts, Gra	nts, and OtherAmt Simil	ar Amounts	4			1a			
						Membership dues .		1b	722	220	
						Fundraising events Related organizatior		1c 1d	722,	326	
						Government grants (cont		1e		-	
					f	All other contributions, gi	fts, grants,				
						above Noncash contributions inc		1f	28,123,	049	
						lines 1a - 1f:\$		1 g	119,	558	
	l			Business C		Fotal. Add lines 1a-1	Lf		>	2	8,845,377
	2a			Busiliess C	Joue						
e											
Nen	ь										
8											
Program Service Revenue	С										
Se	d										
gran											
Prog	е										
	f	All other progra	am service revenue.								
	g	Total. Add line	s 2a-2f				-11				_
	•		3 Investment income (other	including di	vider	nds, interest, and	1	320,577			320,577
			49incilareamonnitalestm	nent of tax-e	exem	pt bond proceeds	:				
			5 Royalties	<u>.</u>		<u> •</u>	•				
				(i) R	eal	(ii) Personal	_				
			6a Gross rents	ia							
			b Less: rental	ib .							
			expenses c Rental				_				
			income or 6	ic							
			d (Nets) ental income	or (loss) . (i) Secu		s (ii) Other					
			7a Gross amount	(1) Sect	iritie	s (II) Other-					
			from sales of assets other	'a 7	7,853,	970					
			than inventory								
ne			b Less: cost or other basis and sales expenses	'b 7	7,607,	112					
eve.				_							
Ä				'c	246,			246,858			246,858
Other Revenue			d Net gain or (loss) 8a Gross income from fund		Ė	· · · · >		- 10/050			2 10,030
0			(not including \$ contributions reported o	722,328 of	:						
			See Part IV, line 18		8	Sa 57,464	ı				
			b Less: direct expens	ses	8	3b 269,488	3				
			c Net income or (loss) from fundr	aisin	g events	-2	212,024			-212,024
					Г						
			9a Gross income from activities.	gaming	١,	_					
			See Part IV, line 19 b Less: direct expens		<u> </u>	9a <u> </u>	_				
			c Net income or (loss								
			10.0								
			10a Gross sales of inver returns and allowan		10	0a 108,198	3				
			b Less: cost of goods	sold	10	Ob 72,884	l I				
			c Net income or (loss) from sales	of ir	nventory		35,314	35,314		
						Business Code					
			11a			Dusiness Code					
			b								
Othe	rRe	venueMiscAmt	с								
			d All other revenue								
			e Total. Add lines 11	a-11d .			_				
			12 Total revenue. See	instructions			29,2	236,102	35,314		0 355,411

P	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mu	st complete all colu	mns. All other organ	nizations must com	plete column (A).
	Check if Schedule O contains a response or note to	o any line in this Pa	rt IX		[
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	339,747	339,747		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	50,000	50,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,140,329	2,140,329		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	290,398	189,847	51,059	49,492
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	6,975,093	4,559,946	1,226,384	1,188,763
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,824	90,756	24,408	23,660
•	Other employee benefits	738,766	482,966	129,891	125,909
	Payroll taxes	569,372	372,225	100,109	97,038
	Fees for services (non-employees):	303,072	372,223	100/103	37,000
	Management				
	Degal	79,020		79,020	
	Accounting	157,061		157,061	
	Lobbying	19,750	19,750	•	
	Professional fundraising services. See Part IV, line 17	104,550			104,550
	Investment management fees	37,822		37,822	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	775,310	269,558	401,350	104,402
12	Advertising and promotion	233,671	210,561		23,110
	Office expenses	487,842	156,766	155,152	175,924
	Information technology	556,490	236,813	185,302	134,375
	Royalties				
	Occupancy				
17	Travel	533,597	381,822	63,090	88,685
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	28,245		28,245	
23	Insurance	97,735	77,504	5,708	14,523
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	200.000	50.045		20.700
	a STAFF DEVELOPMENT	203,292	69,046	53,543	80,703
	<u>b</u>				
	<u>.</u>				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	14,556,914	9,647,636	2,698,144	2,211,134
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).				

		Balance Sheet					Page 11
Pä	art X	_		on the state of the part IV			
		Check if Schedule O contains a response or	note to	any line in this Part IX.	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			12,007,125	1	16,650,264
	2	Savings and temporary cash investments			1,858,447	2	539,181
	3	Pledges and grants receivable, net			1,625,445	3	9,793,746
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or for	ner officer, director,			
	6	trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons described.	persons (as defined		5		
	_			`````		6	
ssets	7	Notes and loans receivable, net		_	0.000	7	
SS	8	Inventories for sale or use			6,368	8	94
Ä	9	Prepaid expenses and deferred charges .	 I		162,410	9	731,490
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	178,070			
	b	Less: accumulated depreciation	10b	79,124	27,200	10 c	98,946
	11	Investments—publicly traded securities .			7,153,395	11	6,048,001
	12	$Investments-other\ securities.\ See\ Part\ IV,\ Ii$	ne 11		4,750,444	12	6,545,753
	13	Investments—program-related. See Part IV, I	ine 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	169,443	15	172,080		
	16	Total assets: Add lines 1 through 15 (must e	ne 33)	27,760,277	16	40,579,555	
	17	Accounts payable and accrued expenses .		660,279	17	850,361	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complet	te Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial	butor, or 35%				
<u>=</u>		controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unre		•		23	
	24	Unsecured notes and loans payable to unrela		· —		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25 .			660,279	26	850,361
ces		Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.	ck her	e 🕨 🔽 and complete			
Balances	27	Net assets without donor restrictions			22,684,709	27	27,931,507
d B	28	Net assets with donor restrictions			4,415,289	28	11,797,687
Fund		Organizations that do not follow FASB ASC 9	58 ch	eck here			
or F	29	complete lines 29 through 33. Capital stock or trust principal, or current fun		certicie i and		29	
sts	30	Paid-in or capital surplus, or land, building or		nent fund		30	
Assets		Retained earnings, endowment, accumulated i				31	
	31 32	• •	IIICOIIIE	, or other fullus	27,099,998	32	39,729,194
Net	33	Total net assets or fund balances			27,760,277	33	40,579,555
	<i>_</i>	Total liabilities and het assets/fund balances			21,100,211	33	Form 990 (2022)

2 3

5

Schedule O.

Separate basis

Separate basis

Schedule O.

basis, consolidated basis, or both:

If the organization changed its method of accounting from a prior year or checked "Other," explain on

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . Net unrealized gains (losses) on investments

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column Part XII Financial Statements and Reporting

Accounting method used to prepare the Form 990:

a separate basis, consolidated basis, or both:

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Cash Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

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

1

2

3

4

5

6

7 8

9

10

Page **12**

29,236,102

14,556,914

14,679,188

27,099,998

-2,049,992

39,729,194

No

Νo

Νo

Form 990 (2022)

Yes

Yes

Yes

2a

2b

2c

За

3b

0

Form 990 (2022)		
Additional Data		Return to Form
	C. C	
	Software ID:	
	Software Version:	
Form 990, Special Condition Description	on:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

MERCY FOR ANIMALS INC

Form 990 or 990-EZ.

SCHEDULE A

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

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

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

OMB No. 1545-0047

Inspection **Employer identification number**

Do	rt I	Doncon for Dubli	c Charity St	tatus (All organiza	tions must so	mploto this n		no
		Reason for Publication is not a private for						ns.
1		A church, convention of		•		•	•	
2		A school described in				•	-7(-7(-7(-7	
3		A hospital or a coopera			•		\(A)(iii)	
4		A medical research org hospital's name, city, a	janization opei	-). Enter the
5		An organization operat			versity owned o	or operated by	a governmental unit d	escribed in section
6		A federal, state, or loc	al government	or governmental unit	described in se	ection 170(b)(1	l)(A)(v).	
7	✓	An organization that no described in section 1 :	,	'		om a governme	ntal unit or from the g	general public
8		A community trust des	scribed in sect i	ion 170(b)(1)(A)(vi)	(Complete Par	t II.)		
9		An agricultural researd university or a non-lan	_			-	_	-
10		An organization that n receipts from activitie from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ubject to certain able income (le	n exceptions, a ess section 511	nd (2) no more than 3	33 1/3% of its support
11		An organization organi				-	509(a)(4).	
12		An organization organizone or more publicly s the box on lines 12a th	upported orgai	nizations described in	section 509(a)	(1) or section !	509(a)(2). See section	1 509(a)(3). Check
а		Type I. A supporting o supported organization organization. You mus	(s) the power	to regularly appoint o	r elect a majori		3 (),),	, , , ,
b		Type II. A supporting of management of the su must complete Part IV	organization su pporting organ	pervised or controlled ization vested in the	d in connection			,
c		Type III functionally i supported organization	ntegrated. A s	upporting organizatio			-	grated with, its
d		Type III non-functions not functionally integra (see instructions). You	ated. The orga	nization generally mu	st satisfy a dist	ribution require		` '
e		Check this box if the o integrated, or Type III	5				is a Type I, Type II, T	ype III functionally
f	Ente	r the number of support	ed organization	ns			<u> </u>	
g		Provide the following in					T	Τ
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1- 10 above (see instructions))	Yes	No		
Tota	ıI							
For I	Paperv	work Reduction Act Noti	ce, see the Ins	structions for	Cat. No. 11285	5F	Schedule	e A (Form 990) 2022

83,990,786

83,990,786

5,159,437

78,831,349

83,990,786

1,485,310

928,035

86,404,131

594,906

91.240 %

89.890 %

Schedule A (Form 990) 2022

(f) Total

(f) Total

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

2 Tax revenues levied for the

paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge...

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from

Section B. Total Support

securities loans, rents, royalties and income from similar sources

(or fiscal year beginning in)

Amounts from line 4. . Gross income from interest, dividends, payments received on

Net income from unrelated business activities, whether or not the business is regularly

10 Other income. Do not include gain

.

.

or loss from the sale of capital assets (Explain in Part VI.). . **Total support.** Add lines 7 through

carried on. .

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

line 4.

Calendar year

Section A. Public Support

Calendar year

(or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not

10,289,325 include any "unusual grant.") . . organization's benefit and either

(a) 2018

(a) 2018

10.289.325

10,289,325

340,493

151,093

Public support percentage for 2020 Schedule A, Part II, line 14

Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))

Section C. Computation of Public Support Percentage

(b) 2019

15,054,268

334,166

656,533

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

(b) 2019

15,054,268

15.054.268

(c) 2020

12.174.988

(c) 2020

12,174,988

213.723

2,945

12,174,988

(d) 2021

(d) 2021

17,626,828

17,626,828

17,626,828

276,351

60,000

(e) 2022

(e) 2022

12

14

15

28,845,377

28.845.377

28,845,377

320,577

57,464

Schedule A (Form 990) 2022 Page 3 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.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 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 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf **5** The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. . **Public support.** (Subtract line 7c from line 6.) Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) **9** Amounts from line 6. . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital

- assets (Explain in Part VI.) . .
- 13 Total support. (Add lines 9, 10c,

11, and 12.). .

- Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))
- Public support percentage from 2021 Schedule A, Part III, line 15 16
- 17

 - Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2021 Schedule A, Part III, line 17
- Section D. Computation of Investment Income Percentage

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

- 19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not
- 17

15

16

- more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18
 - is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨
- Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ Schedule A (Form 990) 2022

Page 4

No

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

checked box		12d, of	Part I,	CC
Cooking A	All C.			_

3b and 3c below.

made the determination.

checked box	12d, of Part I, complete Sections A a
Section A. All S	Supporting Organizations
•	

checked box	12d, of Part I, complete Sections A and D, and complete Pa					
Section A. All Supporting Organizations						
4						

describe the designation. If historic and continuing relationship, explain.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

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

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

CHECKEU DOX	120, 01 F	art I, comple
Section A.	All Supporting	Organizat

KCG DOX	12a, or rate 1, complete sections it and B, and complete rate v.)	
ection A.	All Supporting Organizations	
Are all of	the organization's supported organizations listed by name in the organization's governing documents?	

1	

Yes

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Supporting Organizations (continued)

Page 5

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 11a above?	11a		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c		
	Part VI.			
<u>S</u>	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
	section of Type 12 supporting organizations		Yes	No
1	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or			
_	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
	ectfon D.O.A.fi) Type III Supporting Organizations			
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's income or	_		
	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	
,	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
ا	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			

2b

За

3b

temporary reduction (see instructions)

instructions)

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

Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

(continued)

Page **7**

Section D ^O r Dastiab tifibhs		Current Year		
Amounts paid to supported organizations to accompli	ish exempt purposes		1	
2 Amounts paid to perform activity that directly further	s evemnt nurnoses of sunno	rted		
organizations, in	s exempt purposes or suppo	1100	2	
excess of income from activity				
3 Administrative expenses paid to accomplish exempt p	ourposes of supported organ	nizations	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part V	'I)	5	
6 Other distributions (describe in Part VI). See instruc	tions		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to	which the organization is re-	snonsive		
(provide	Willest the organization is re-	50113176	8	
details in Part VI). See instructions				
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations	(i)	(i Underdist	•	(iii) Distributable
(see instructions)	Excess Distributions	Onderdist Pre-2		Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022				
(reasonable cause required explain in Part VI				
). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
 Carryover from 2017 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				
b Applied to 2022 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to				
2022, if any. Subtract lines 3g and 4a from line 2.				
If the amount is greater than zero, explain in Part VI				
See instructions.				
6 Remaining underdistributions for 2022. Subtract				
lines 3h and 4b from line 1. If the amount is greater				
than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
E (2022				

chedule A (Form 990) 2022 Page 8								
Part IV, Section A, lines Section C, line 1; Part IV Section B, line 1e; Part V	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
Return Reference	Return Reference Explanation							
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	PLANATION OF OTHER							
	Schedule A (Form 990) 2022							

Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** MERCY FOR ANIMALS INC 54-2076145 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ

Schedule B (Form	990) (2022)	Page 2	
Name of organizat MERCY FOR ANII		Employer ide 54-207614	entification number 5
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

			Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

Page 3

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from Part I

(a)

No. from

Part I

(a)

(a)

No. from

Part I

(a)

No. from

Part I

Description of noncash property given

Description of noncash property given

No. from Part I

Description of noncash property given

(b) Description of noncash property given

(a) No. from Part I

(b)

Description of noncash property given

(b)

Description of noncash property given

(b)

FMV (or estimate) (See instructions)

Employer identification number

54-2076145

(c)

FMV (or estimate)

(See instructions)

(c)

(c)

FMV (or estimate)

(See instructions)

(d) Date received

(d)

Date received

Schedule B (Form 990) (2022)

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

IIICIII	ai Neveriue Service		►Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructions and the l	atest inforn	nation.	Inspection
If th	e organization an	swered '	"Yes" on Form 990. Part IV	, Line 3, or Form 990-EZ, Pai	rt V. line 46	(Political Camp	aign Activities), then
	-		ns: Complete Parts I-A and B.		,	(g ,,
				s: Complete Parts I-A and C belo	w. Do not c	omplete Part I-B.	
			omplete Part I-A only.	/ Line / on Farm 000 F7 Da		7 (Labbuina Aat	:.::4:aa\ 4baa
	-			/, Line 4, or Form 990-EZ, Pa (election under section 501(h)):			•
				5768 (election under section 501			
lf th	e organization ar	swered	"Yes" on Form 990, Part I	/, Line 5 (Proxy Tax) (see se _l			
			arate instructions), then				
	me of the organiza	, ,	organizations: Complete Part	III.		Employer identifi	ication number
	RCY FOR ANIMALS INC						ication number
Dar	t I-A Comple	te if th	e organization is even	npt under section 501(c) or is a	54-2076145	rganization
				· ·	-		
1			ne organization's direct and named a	indirect political campaign acti	vities in Pa	rt IV. See instruct	tions for
2	Political campaig	ın activity	y expenditures. See instruct	ions		> \$	
3				instructions			
Pai				npt under section 501(c			
1		•	•	ganization under section 4955			
2		-	· -	ization managers under sectior			
3	If the organization	on incurre	ed a section 4955 tax, did it	file Form 4720 for this year?			Yes No
4a	Was a correction	made?					Yes No
b	If "Yes," describ						
Pai	t I-C Comple	te if the	e organization is exen	npt under section 501(c), except	section 501(c)(3).
1	L	•		nization for section 527 exemp		• •	
2				ntributed to other organizations			
3	Total exempt fur	nction exp	penditures. Add lines 1 and	2. Enter here and on Form 112	0-POL, line	17b\$	
4	Did the filing org	anization	file Form 1120-POL for this	year?			Yes No
5	Enter the names	, address	es and employer identificati	on number (EIN) of all section	527 politica	al organizations to	which the filing
	organization mad amount of politic	le payme al contrib	nts. For each organization lis outions received that were p	sted, enter the amount paid from romptly and directly delivered t tee (PAC). If additional space is	m the filing to a separat	organization's fun te political organiz	nds. Also enter the zation, such as a
(2)	Name		(b) Address	(c) EIN	(d) /	Amount paid from	(e) Amount of
(a)	Name		(b) Address	(c) LIN		g organization's	political contribution
					fund	ls. If none, enter	received and
						-0	promptly and directly delivered to a
							separate political
							organization. If none enter -0
1							
2							
_							
3							
4							
5							
6							

Cat. No. 50084S

Schedule C (Form 990) 2021

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

8.161

18,387

23,253

(150% of line 2d, column (e))

Grassroots lobbying expenditures

1.142.573

(a) (b)

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local 1 legislation, including any attempt to influence public opinion on a legislative matter or referendum,

Yes | No Amount

Page 3

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

through the use of: Volunteers?

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Media advertisements?

Mailings to members, legislators, or the public? Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes? h

Direct contact with legislators, their staffs, government officials, or a legislative body?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred under section 4912

2a

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or

section 501(c)(6).

line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

2 expenses for which the section 527(f) tax was paid). Current year

Carryover from last year

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

political expenditure next year? Taxable amount of lobbying and political expenditures. See Instructions Part IV **Supplemental Information**

1

3

Part III-B

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

1 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

Yes

No

501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A,

1

2a

2b 2c

3

4

5

Return Reference

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Interna	I Revenue Service	► Go to <u>www.irs.gov/For</u>	<u>m990</u> for instructions and the latest info	rmation.	Inspection
	me of the organi			Employer i	dentification number
ME	CT FOR ANIMALS I	NC .		54-20761	.45
Pa			dvised Funds or Other Similar F	unds or Ac	counts.
	Comple	ete if the organization answered '	"Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	/b) E	nds and other accounts
1	Total number at	end of year	(a) Donor advised funds	(b) Ful	nus and other accounts
2		e of contributions to (during year)			
3		e of grants from (during year)			
4		e at end of year			
5		•	L visors in writing that the assets held in do	nor advised fu	nds are
	the organization	on's property, subject to the organizat	ion's exclusive legal control?		☐ Yes ☐ No
6	charitable purp	ooses and not for the benefit of the dor	l donor advisors in writing that grant fund nor or donor advisor, or for any other purp 	ose conferring	
Pa	rt III Conse	rvation Easements.	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of o	conservation easements held by the o	rganization (check all that apply).		
	_	on of land for public use (e.g., recreati	· <u>-</u>	•	mportant land area
		of natural habitat	Preservation of a	certified histo	oric structure
	Preservation	on of open space			
2	•		d a qualified conservation contribution in		
а		he last day of the tax year. of conservation easements		2a	d at the End of the Year
b	Total acreage r	restricted by conservation easements		2b	
С		servation easements on a certified his	storic structure included in (a)	2c	
d					
3		re listed in the National Register servation easements modified, transfe	· erred, released, extinguished, or terminat	ed by the orga	nization during the
4	· —	tes where property subject to conserv	vation easement is located		
5	Does the organ	nization have a written policy regardin	g the periodic monitoring, inspection, har ements it holds?	_	☐ Yes ☐ No
6	,		specting, handling of violations, and enfor		
-	Amount of exp	enses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation e	easements during the vear
,	▶ \$				
8			2(d) above satisfy the requirements of se		4) Yes No
9	balance sheet, the organization	and include, if applicable, the text of on's accounting for conservation ease		al statements	that describes
Par			ons of Art, Historical Treasures, "Yes" on Form 990, Part IV, line 8.	or Other S	imilar Assets.
1a	If the organiza of art, historica	ution elected, as permitted under FASI al treasures, or other similar assets he	B ASC 958, not to report in its revenue steld for public exhibition, education, or res	earch in furth	erance of public
b	If the organiza art, historical t provide the fol	ation elected, as permitted under FASI treasures, or other similar assets held lowing amounts relating to these item		nent and balar rch in furthera	nce sheet works of ance of public service,
((i) Revenue inclu	ided on Form 990, Part VIII, line 1 .		▶⊈	\$
(i	i) Assets include	ed in Form 990, Part X		🕨 \$	
2		tion received or held works of art, his unts required to be reported under FA	torical treasures, or other similar assets f SB ASC 958 relating to these items:	or financial ga	in, provide the
а	Revenue includ	ded on Form 990, Part VIII, line 1 . .		🕨 9	\$
b	Assets include	d in Form 990, Part X		🕨 🛊	
For I	Paperwork Redu	ction Act Notice, see the Instructions	for Form 990. Cat. N	0.	Schedule D (Form 990) 2021

52283D

3	Using the organization's acquisition, access	ion, and ot	her recor	ds, chec	k any of	the follow	wing that	are a signif	icant use of	its	
а	collection items (check all that apply): Public exhibition			d	Loan	or excha	inge prog	rams			
b	Scholarly research			e	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII.	ollections a	and expla	in how t	hey furth	er the or	ganizatio	n's exempt	purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	No No	
Pa	rt IV Escrow and Custodial Arrang Complete if the organization and Part X, line 21.			orm 99	0, Part	IV, line	9, or rep	orted an	amount on	Form	990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								Yes	No	
b	If "Yes," explain the arrangement in Part XI	II and com	iplete the	followin	ıg table:			А	mount		_
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				<u> </u>
f	Ending balance						1f				_
2a	Did the organization include an amount on l	Form 990.	Part X. li	ne 21. fc	or escrow	or custo	dial accou	ınt liability?	Yes	_ No	<u> </u>
	• • •										
b	If "Yes," explain the arrangement in Part XI	III. Check	here if th	e explan	ation has	been pr	ovided in	Part XIII .	🗆		
Pa	rt V Endowment Funds.										_
	Complete if the organization ans	(a) Curre			0, Part i ior year			(d) Three ye	ars back (e)	Four ve:	are hack
1a	Beginning of year balance	(a) curre	inc year	(5) 11	ioi yeai	(c) Iwo	years back	(u) Timee ye	dis back (c)	our yea	113 Duck
	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year o	end balan	ce (line	1g, colun	nn (a)) h	eld as:				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment										
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c sh	ould equal	100%.								
За	Are there endowment funds not in the posse	ession of th	e organiz	zation th	at are he	ld and ad	lministere	d for the			
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	 	
ь	(ii) Related organizations			ed on Sc	hadula P				3a(ii) 3b		
U		ons nsteu	as require	eu on sc	illedule K	:			30		
4	Describe in Part XIII the intended uses of the	he organiza	ation's en	ndowmen	it funds.						
Pa	rt VI Land, Buildings, and Equipm	ent.									
	Description of property (a) Cost or othe (investme	er basis					11a. See			line 10 ook valu	
12	Land		\vdash								
			 								
	Buildings		 			+					
	Leasehold improvements		 		160.74	6		72.000			06.020
d	Equipment		\vdash		169,74			72,908			96,838

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

XIII \Box

Part VII	Investments - Other Securities.	on Form 000 Dart	IV line 11h Cor	S Form 000 Part	V line 12
	Complete if the organization answered "Yes" of (a) Description of security or category	(b) Book value		(c) Method of valuat	ion:
(1) Financia	(including name of security)		Cost	or end-of-year mar	ket value
(2) Closely	held equity interests				
(A) OTHER	SECURITIES	6,545,75	53	F	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
		6,545,75	53		
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' or	on Form 990, Part		e Form 990, Part	X, line 13.
	(a) Description of investment		(b) Book value		of valuation: ear market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' or	n Form 990 Part	IV line 11d See	Form 990 Part Y	line 15
	(a) Description		iv, mie iid. see		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			>	
Part X	Other Liabilities. Complete if the organization answered 'Yes' or	n Form 990, Part	IV, line 11e or 1	1f.	
1.	See Form 990, Part X, line 25. (a) Description	ion of liability			(b) Book value
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	
2. Liability f	for uncertain tax positions. In Part XIII, provide the ten's liability for uncertain tax positions under FIN 48 (A			s financial statemer	

Part XI

1

2

3

Part XIII

Page 4

27,321,794

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Net unrealized gains (losses) on investments -2,049,992 2a 2b 173,506 Donated services and use of facilities Recoveries of prior year grants 2c

Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e

-1,876,486 3 3 Subtract line 2e from line 1 29,198,280

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 37,822

4b 4c

37,822 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

29,236,102 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1 14,692,598

Total expenses and losses per audited financial statements

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities

Prior year adjustments

Other losses . . . Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.)

Supplemental Information

Return Reference

Add lines **4a** and **4b**

Add lines **2a** through **2d**

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .

Subtract line 2e from line 1

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

2a

2b

2c

2d

4a

4b

3 37,822

4c

2e

173,506

14,519,092

173,506

37,822

14,556,914

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)								
Interna	ment of the Treasury al Revenue Service e of the organ CY FOR ANII							
Pa	rt I Gen							
1	For grantn Officer assis to award th							
2	For grantn assistance							
3	Activites per							

c Totals (add lines 3a and 3b)

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Statement of Activities Outside the United States

Open to Public Inspection

2,140,329

Schedule F (Form 990) 2022

OMB No. 1545-0047

Interna	Il Revenue Service						
	e of the organization					Employer identi	ification number
MER	CY FOR ANIMALS INC					54-2076145	
Pa	General Informati "Yes" on Form 990, F			the United States. C	omplete		ation answered
1	For grantmakers. Does the	e organization	maintain recor	ds to substantiate the	amount	of its grants	
	đff er assistance, the grant to award the grants or assi		_			n criteria used	✓ Yes No
2	For grantmakers. Describe assistance outside the Unit		organization's	procedures for monitor	ing the	use of its grant	
3	Activites per Region. (The follo	owing Part I, line	3 table can be	duplicated if additional sp	ace is ne	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services,	program spe	vity listed in (d) is a n service, describe ecific type of e(s) in the region	(f) Total expenditures for and investments in the region
(1)	SOUTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION			1,331,40
(2)	NORTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN THE REGION			747,40
(3)	EAST ASIA AND THE PACIFIC			GRANTS TO RECIPIENTS LOCATED IN THE REGION			61,51
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(+				
10)							
11)		+					
12)							
13)							

2,140,329 **3a** Sub-total . . **b** Total from continuation sheets to Part I .

Cat. No. 50082W

chedule F (Form 99	90) 2022							Page 2
				ies Outside the Ui 5,000. Part II can be				" on Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SOUTH AMERICA	OPERATING EXPENSES	1,331,405	WIRE	0		
(2)		NORTH AMERICA	OPERATING EXPENSES	643,894	WIRE	0		
(3)		NORTH AMERICA	OPERATING EXPENSES	103,511	WIRE	0		
(4)		EAST ASIA AND THE PACIFIC	OPERATING EXPENSES	61,519	WIRE	0		
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

12) (13) (14) (15)

(3) (4) (5) (6) (7) (8) (9)

10) (11)

12) 13) 14) 15) 16) (17)

18)

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed Method of luation

Tark III can be duplicated if additional space is needed.									
(a) Type of grant or	(b) Region	(c) Number of	• • •	(e) Manner of cash	(f) Amount of	(g) Description	(h) Me		
assistance		recipients	cash grant	disbursement	noncash	of noncash	valu		
					assistance	assistance	(book		
							annraisa		

ok, FMV, appraisal, other)

(1)

(2)

Schedule F (Form 990) 2022

Schedule	F (Form 990) 2022	Page 5
Part V	Provide the information method; amounts of inv (accounting method); a	required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting restments vs. expenditures per region); Part II, line 1 (accounting method); Part III and Part III, column (c) (estimated number of recipients), as applicable. Also complete additional information. See instructions.
	ReturnReference	Explanation
PART I, L	INE 2:	DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO ENSURE THEY ARE CONSISTENT WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE ACCOMPANIED BY GRANT AGREEMENTS THAT REQUIRE GRANTEES TO USE FUNDS IN A PERMISSIBLE MANNER TO ACHIEVE THE PURPOSE OF THEIR GOALS. SPENDING OF GRANT FUNDS AND PROGRESS TOWARD OBJECTIVES ARE MONITORED BY DEPARTMENT LEADERS WITH OVERSIGHT FROM LEADERSHIP. THE BOARD OF DIRECTORS APPROVES THE AMOUNTS OF THE GRANTS ANNUALLY.
PART III	ACCOUNTING METHOD:	
		Schedule F (Form 990) 2022

Additional Data Software ID: Software Version:

SCHEDULE G (Form 990)

Supplemental Information Regarding

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the 2022

OMB No. 1545-0047

organization entered more than \$15,000 on Form 990-EZ, line 6a.

nternal Revenue Service	.		rm 990 or Form 990-EZ.		Inspection
lame of the organization	Go to W	vw.irs.gov/Form990 f	or instructions and the latest in		ntification number
MERCY FOR ANIMALS INC				54-2076145	5
_	Activities. Complet lers are not require	-		on Form 990, Part IV	, line 17.
Indicate whether the ord	ganization raised fund	s through any of !	the following activities. C	heck all that apply.	
a Mail solicitations	-		e 🔽 Solicitation of no	n-government grants	
b Internet and email s	olicitations		f Solicitation of go	vernment grants	
c Phone solicitations			g 🔽 Special fundraisi	na events	
d ✓ In-person solicitatio	ins			3 • • • •	
2a Did the organization hav	ve a written or oral ag		individual (including offi		_
	nest paid individuals o	r entities (fundrai	nection with professiona sers) pursuant to agreer	nents under which the fu	s∏ No ndraiser is
(i) Name and address of individual or entity (fundraiser)	individual		(iii) Did fundraiser have custody or control of contributions?		
		Yes No			
MADISON HABIB IMPACT PHILANTHROPY 31 PLUMMER AVENUE	CONSULTS ON DIRECT AND DIGITAL SOLICITATIONS FOR ANNUAL GIVI	No	752,428	69,550	682,878
DKPW INC 700 14TH STREET WASHINGTON, DC 20005	CONSULTS ON DIRECT AND DIGITAL SOLICITATIONS FOR ANNUAL GIVI	No	0	35,000	-35,00
3					
4					
5					
6					
7					
8					
9					
. 0					
otal			752,428	104,550	647,878
3 List all states in which the	organization is regis	tered or licensed		·	evenut from

registration or licensing.

	rt II Fundraising Events. Com				
	more than \$15,000 of fundra events with gross receipts g		ions and gross incom	e on Form 990-EZ, li	nes 1 and 6b. List
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Revenue					
	1 Gross receipts	779,792			779,792
	2 Less: Contributions	722,328			722,328
	3 Gross income (line 1 minus				
	line 2)	57,464			57,464
	4 Cash prizes				
es	5 Noncash prizes	16,372			16,372
ens	6 Rent/facility costs	11,000			11,000
益	7 Food and beverages	86,277			86,277
Direct Expenses	8 Entertainment	1,000			1,000
ā	9 Other direct expenses	154,839			154,839
	10 Direct expense summary. Add lines 4		•		269,488
Dai	11 Net income summary. Subtract line 1 11 III Gaming. Complete if the or				-212,024
	\$15,000 on Form 990-EZ, lir		165 611 61111 3367 1		The state of the s
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
ž	1 Gross revenue				
Direct Expenses	2 Cash prizes				
3xbe	3 Noncash prizes				
ğ	4 Rent/facility costs				
Ö	5 Other direct expenses				
00000	5 Other unect expenses	Yes%	☐ Yes%	☐ Yes%	
	6 Volunteer labor	No	No	No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)		
	8 Net gaming income summary. Subtra	ct line 7 from line 1, colu	umn (d)	<u></u>	
9	Enter the state(s) in which the organize	ation conducts gaming a	ctivities:		
a b	Is the organization licensed to conduct If "No," explain:	gaming activities in eac			Yes No
10a b	Were any of the organization's gaming If "Yes," explain:	licenses revoked, susper	nded or terminated durin	g the tax year?	Yes No

Sche	edule G (Form 990) 2022					Page 3
11	Does the organization con	iduct gaming activities with nonmen	nbers?	. _ Y	es No	
12			or a member of a partnership or other entity	_ Y	es No	
13	Indicate the percentage o	f gaming activity conducted in:				
а	The organization's facility	·		13a		%
b	An outside facility			13b		%
14	Enter the name and addre	ess of the person who prepares the o	organization's gaming/special events books a	nd records:		
	Name					
	Address •					
15a	revenue?		whom the organization receives gaming		es No	
b		t of gaming revenue received by the e retained by the third party	organization * \$ and	the		
c	If "Yes," enter name and a	address of the third party:				
	Name					
	Address •					
16	Gaming manager informat					
	Name					
	Caming manager company	sation 🕨 \$				
	Gaining manager compens	5411011 - \$				
	Description of services pr	ovided				
	>					
	Director/officer	Employee	□ Indoordant contrasts			
	□ Director/officer	Employee	☐ Independent contractor			
17	Mandatory distributions:					
а	•	ed under state law to make charitab	le distributions from the gaming proceeds to			
	retain the state gaming li	cense?		\[Y	es \square No	
b		•	tributed to other exempt organizations or spe	ent		
Do		exempt activities during the tax yea		(:::)		
Pal	rt IV Supplemental : Part III, lines 9,	9b, 10b, 15b, 15c, 16, and 17b	anations required by Part I, line 2b, col , as applicable. Also provide any addition	onal inforn	and (v); nation. Se	ana e
	instructions. Return Reference		Explanation			
			Schedu	le G (Form 9	90) 2022	
Ac	dditional Data			Reti	urn to For	m_
		Softwar	re TD:			

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number Name of the organization MERCY FOR ANIMALS INC 54-2076145 Part I General Information on Grants and Assistance

Does the organization main the selection criteria usedDescribe in Part IV the org	I to award the gran	nts or assistance?				assistance, and	✓ Yes No
Part II Grants and Other As	ssistance to Domes	stic Organizations and		. Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A WELL-FED WORLD 3936 S SEMORAN BLVD 271 ORLANDO,FL 32822	27-0865905	501(C)(3)	147,400	0			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL WELFARE
(2) PLANT THE POWER 3907 E MOUND STREET COLUMBUS,OH 43227	85-3120775	501(C)(3)	20,000	0			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL WELFARE
(3) RETHINK YOUR FOOD INC 12717 W SUNRISE BLVD 131 SUNRISE,FL 33323	84-2273554	501(C)(3)	20,000	0			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL WELFARE
(4) BETTER FOOD FOUNDATION PO BOX 96503 21885 WASHINGTON, DC 20090	81-4537521	501(C)(3)	20,000	0			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL WELFARE
(5) BLACK WOMEN FOR WELLNESS PO BOX 292516 LOS ANGELES, CA 90029	95-4624707	501(C)(3)	25,000	0			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL WELFARE
(6) APEX ADVOCACY 3102 ROBIN ROAD DECATUR, GA 30032	86-2799787	501(C)(3)	35,000	0			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL WELFARE
(7) GRASSROOTS ARTISTS MOVEMENT 1958 FULTON STREET BROOKLYN,NY 11233	34-1975159	501(C)(3)	50,000	0			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL WELFARE
(8) GEORGIA ANIMAL RIGHTS AND PROTECTION INC 2549 KNOX STREET ATLANTA, GA 30317	56-2641176	501(C)(3)	16,200	0			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL WELFARE
(9) STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309	97-1279777	501(C)(3)	20,000	0			RESEARCH GRANT
(10) STOCKHOLM ENVIRONMENT INSTITUTE US INC 11 CURTIS AVENUE SOMERVILLE, MA 02144	20-4659308	501(C)(3)	10,000	0	,		RESEARCH & COLLABORATION
(11) LET LOVE LIVE 143 COUNTY ROAD 3445 COOKVILLE,TX 75558	82-4248565	501(C)(3)	15,000	0			TRANSFARMATION PROJECT RESEARCH GRANT
		.`	ons listed in the line 1 t	:able		_	11

Enter total number of other organizations listed in the line 1 table

Page 2

(2)

(3)

(4)

(5)

(6)

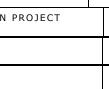
(7)

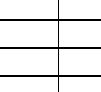
Part IV Return Reference

PART I, LINE 2:

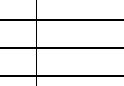
_	
	(1) TRANSFARMATION PROJECT RESEARCH GRANT
	(1)

(a) Type of grant or assistance





Explanation



(b) Number of

recipients

(c) Amount of

cash grant

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

OVERSIGHT FROM LEADERSHIP. THE BOARD OF DIRECTORS APPROVES THE AMOUNTS OF THE GRANTS ANNUALLY.

50,000

(d) Amount of

noncash assistance

DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO ENSURE THEY ARE CONSISTENT WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE ACCOMPANIED BY GRANT AGREEMENTS THAT REQUIRE GRANTEES TO USE FUNDS IN A PERMISSIBLE MANNER TO ACHIEVE THE PURPOSE OF THEIR GOALS. SPENDING OF GRANT FUNDS AND PROGRESS TOWARD OBJECTIVES ARE MONITORED BY DEPARTMENT LEADERS WITH



(e) Method of valuation

(book, FMV, appraisal, other)







Schedule I (Form 990) 2022

Schedule J		Com	pensa	tion Information		OMB No.	154	
run	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.					202	
epartment of the Treasury letrnal Revenue Service				or instructions and the latest inform	ation.	Open i		
	ne of the organiz CY FOR ANIMALS IN				Employer identification 54-2076145	ication nui	mber	
Pa	rt I Questi	ons Regarding Compensation	on					
							Yes	
1a		. , ,		ny of the following to or for a person lide any relevant information regarding				
	First-class	or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of person	onal residence			
	Tax idemn	ification and gross-up payments		Health or social club dues or initiat	ion fees			

	First-class or charter travel Travel for companions Tax idemnification and gross-up payments Discretionary spending account		Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the or reimbursement or provision of all of the expenses de	_		1b	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Execu		,	2	
3	n used to establish the compensation of the y. Do not check any boxes for methods of the CEO/Executive Director, but explain in Part III.				
	Compensation committee		Written employment contract		

OMB No. 1545-0047

Open to Public Inspection

Yes

No

Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

Νo Νo Νo 5 compensation contingent on the revenues of: Νo 5a Νo Any related organization? If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

6a Νo Νo If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was 8 subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Cat. No. 50053T

Schedule J (Form 990) 2022

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must eq	ual t	he total amount o	f Form 990, Part \	/II, Section A, line	· 1a, applicable co	olumn (D) and (E) amounts for	that individual.
(A) Name and Title		(B) Breakdown o	of W-2, 1099-MIS and/or 1099-NEC	C compensation,	(C) Retirement and other		(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1LEAH GARCES CEO AND PRESIDENT	(i)	158,379	0	0	4,742	1,408	164,529	0
	(ii)	 0						
2KELCEY MEADOWS-LUCAS	(i)	144,375	0	0	0 4,352	0 7,631	0 156,358	0
SENIOR PHILANTHROPY OFFICER								
	(ii)	0	0	0	0	0	0	0
3SUSAN LANE SVP OF PHILANTHROPY	(i)	128,083	0	0	3,845	21,683	153,611	0
	(ii)	 0	 0	 0		0	0	 0
			<u> </u>	<u> </u>	<u> </u>	, , ,	<u> </u>	<u> </u>
								_
							Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 Page 3 Part Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference Explanation

Schedule J (Form 990) 2022



(Form 990)

SCHEDULE M

Department of the Treasury

Noncash Contributions

2022

OMB No. 1545-0047

▶ 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 the latest information.

Open to Public Inspection

Interna	al Revenue Service					Inspe	CUIO	<u>ıı </u>
Nam	ie of the organization				Employer identificati	on nui	nber	
	TORTHUMES INC				54-2076145			
Pā	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin	(d) Method of d noncash contrib	- etermi	_	nts
1	Art—Works of art	Х	1	50	OFMV REPORTED BY	Y DON	IOR	
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		2,81	2 LIST PRICE			
5	Clothing and household goods	Х		1,60	OFMV REPORTED B	Y DON	IOR	
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
9 10	Securities—Publicly traded . Securities—Closely held stock	X	17	97,82	4 SALES AMOUNT			
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17								
18	Collectibles							
19	•	Х	11	1,14	5 FMV REPORTED B	Y DON	IOR	
20	Drugs and medical supplies .							
	Taxidermy				+			
23	Scientific specimens				_			
	Archeological artifacts							
	Other (AUCTION	Х	18	15.67	7 F M V			
25	► ITEMS)							
26	Other ▶ ()							
27	Other ▶ ()							
28	Other ▶ ()							
29	Number of Forms 8283 received by for which the organization complete				29			
							Yes	No
30 a	During the year, did the organizat it must hold for at least three year exempt purposes for the entire ho	rs from the	date of the initial contribut					
	· · · · · · · · · · · · · · · · · · ·					30a		Νo
	If "Yes," describe the arrangemen	nt in Part II.					,	
31	Does the organization have a gift	acceptance	policy that requires the re	view of any nonstandard	contributions?	31	Yes	

b If "Yes," describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

32a

Yes

Schedule M (Form 990) (2022)												
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.												
Return Reference	Explanation											
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTIONS ABOVE REPRESENTS A COMBINATION OF THE TOTAL NUMBER OF DONORS OF NON-CASH ITEMS, AS WELL AS THE TOTAL NUMBER OF ITEMS DONATED DURING THE YEAR.											
PART I, LINE 32B:	THE ORGANIZATION HAS ESTABLISHED AN ARRANGEMENT WITH DONATE FOR CHARITY TO PROCESS VEHICLE DONATIONS. DONATE FOR CHARITY ARRANGES THE SALE OF THE VEHICLE AND DISTRIBUTES THE NET PROCEEDS TO MERCY FOR ANIMALS, INC.	0										
	Schedule M (Form 990) (20	(022)										

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** MERCY FOR ANIMALS INC 54-2076145 Return **Explanation**

Reference FORM 990. ALL DIRECTORS OF MFA ARE EMAILED AN ELECTRONIC COPY OF THE FORM 990 WITH ITS RELATED STATEMENTS AND PART VI. SCHEDULES PRIOR TO SUBMITTING IT TO THE IRS. THEIR COMMENTS AND QUESTIONS REGARDING THE FORM 990 ARE SECTION B. ENCOURAGED. LINF 11B FORM 990. THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF PART VI. INTEREST POLICY THROUGH EDUCATING THE DIRECTORS AND COVERED EMPLOYEES ABOUT THE CONTENT OF THE POLICY SECTION B. AND THEIR ONGOING OBLIGATION TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST TO THE GENERAL COUNSEL. AS LINF 12C REQUIRED BY THE POLICY. THE GENERAL COUNSEL REVIEWS ANY SUCH ISSUES AND ADDRESSES THEM IN COMPLIANCE WITH THE PROCESSES SET OUT IN THE POLICY, EACH COVERED PERSON IS ALSO REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. FORM 990, COMPENSATION FOR THE PRESIDENT IS DECIDED AND DOCUMENTED BY THE INDEPENDENT BOARD. BASED ON INPUT FROM PART VI. THE PEOPLE OPERATIONS DEPARTMENT AND INDEPENDENT COMPARABILITY DATA. COMPENSATION FOR THE OTHER OFFICERS AND SENIOR LEADERSHIP TEAM IS DECIDED AND DOCUMENTED BY THE PRESIDENT IN CONSULTATION WITH THE

TO THE EXTENT GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS, AND CONSTITUTION), CONFLICT OF

FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ON OUR WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF

DISCLOSURE RULES. THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE.

INTEREST POLICY AND FINANCIAL STATEMENTS OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL OR STATE PUBLIC

PEOPLE OPERATIONS DEPARTMENT AND BASED ON INDEPENDENT COMPARABILITY DATA.

INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

LINF 15A

FORM 990.

PART VI.

SECTION B.

SECTION C. I INF 19

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2022
Open to Public Inspection

Name of the organization MERCY FOR ANIMALS INC	Employer identification number										
							54-2	2076145			
Part I Identification of Disregarded Entities. Com	plete if the	organization an	swere	d "Yes" on F	orm 990,	Part IV,	line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile or foreign cou	(state untry)	(state Total incom		(e) End-of-year asset	s Direct controll entity	ing	
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during			organi	ization answ	ered "Yes"	on For	m 99	0, Part IV, line	e 34 because it had	one	
(a) Name, address, and EIN of related organization		(b) imary activity		(c) domicile (state oreign country)	(d) Exempt Cod		Pub (if s	(e) olic charity status ection 501(c)(3))	(f) Direct controlling entity	Sect 512 (1) contro entit	rolled ity?
(1)MERCY FOR ANIMALS - CANADA 1 YOUNG STREET SUITE 1801 TORONTO, ONTARIO ME5 1W7 CA		SUPPORT CORPORATE GAGEMENT PROGRAMS IN NADA		CA					MERCY FOR ANIMALS INC	Yes	No
										+	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.		Ca	nt. No. 50135	<u> </u> Y				Schedule R (Form 990) 202	21

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
because it had one or more related organizations treated as a partnership during the tax year.

		тот то т. р			, , , , , , , ,													
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	managing partner?		(k) Percentage ownership
							Yes	No		Yes	No							
Part IV Identification of Related Organizations 34 because it had one or more related organizations								answered	l "Yes" on	Form 9	90, Part	IV, line						

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?		
		(state or foreign country)		corp, or trust)		assets		Yes	No	
							Schedule	R (Form 99	0) 2021	

Sche	edule R (Form 990) 2021		Pag	ge 3
Pa	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
ri	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1 s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining am	nount i	nvolved	I
1) M	ERCY FOR ANIMALS - CANADA B 103,511 ACTUAL			

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	section 501(c)(3) organizations?		(f) (g) Share of total income assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership	
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
										S	chedule F	? (Form 9	990) 2021