990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)Do not enter social security numbers on this form as it may be made public.

Open to Public

Form **990** (2023)

Cat. No. 11282Y

partment of the Treasury

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

Internal	Revenu	ie Service							inspection
A F	or the	2023 ca	lendar year, or tax year beginni	ng 01-01-2023 , and ending 12-31-2	2023				
		pplicable:	C Name of organization MERCY FOR ANIMALS INC				D Employ	er identi	ification number
	idress ame ch	change nange	TIENCT FORTHULE INC				54-20	76145	
	itial ret	-	Doing business as						
Fir retur	nal m/termi	inated					. E Telephon	a numhai	<u> </u>
		d return	Number and street (or P.O. box if n 8033 SUNSET BLVD 864	nail is not delivered to street address) Room,	/suite				
Ap	plicati	on pending					(866)	632-64	46
			City or town, state or province, cou LOS ANGELES, CA 90046	ntry, and ZIP or foreign postal code			G Gross red	asinta ¢ 1	0.246.100
			F Name and address of princi	nal officer:	T		4		
			LEAH GARCES	par officer.	н		s a group re rdinates?	eturn for	r Yes 🔽 No
			8033 SUNSET BLVD 864		H((b) Are a	II subordina	ates	Yes No
T Ta	x-exer	mnt status:	LOS ANGELES, C A 90046 501(c)(3) 501(c) () (ins			inclu		lict So	ee instructions.
				ert no.) 4947(a)(1) or 527	_ н(exemption		
JW	ebsit	e: ww	/W.MERCYFORANIMALS.ORG			·	·		
K Fori	m of o	rganization	: Corporation Trust Associa	tion Other	L Y	ear of form	ation: 2002	M State	of legal domicile: DE
Pa	art I	Sum	mary						
				n or most significant activities: LTURE BY CONSTRUCTING A JUS	T AND	SUSTAI	NABLE FOO	אא חר	TEM
Ce	-	TO LIVE	INDUSTRIAL ANTIAL AGRICO	ETOKE BY CONSTRUCTING A 703	1 AND	3031AI	NADEL 100	50 515	TEH.
E E	-								_
Ne n	-	<u> </u>				0	F0/ 6 !!		
9	_		=	scontinued its operations or disposed ning body (Part VI, line 1a)	of mo	re than 2	.5% of its no	et asset 3	9
×				of the governing body (Part VI, line 1	 h)		•	4	9
es				calendar year 2023 (Part V, line 2a)	-			5	132
Activities & Governance			, ,	necessary) • • • • • • •				6	162
Aci			•	Part VIII, column (C), line 12				7a	0
				from Form 990-T, Part I, line 11				7b	0
						Pri	or Year		Current Year
n	8	Contribu	tions and grants (Part VIII, line :	lh)			28,845,3	77	9,484,043
Revenue	9	Program	service revenue (Part VIII, line	2g)	-			0	0
Sev.	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)			567,4	35	695,807
-	11	Other re	venue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)			-176,7	10	47,090
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)		29,236,1	02	10,226,940
	13	Grants a	nd similar amounts paid (Part I)	(, column (A), lines 1-3)			2,530,0	76	4,606,210
	14	Benefits	paid to or for members (Part IX,	column (A), line 4)				0	0
88	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), lines 5	5-10)		8,712,4	53	13,195,940
Expenses	16a	Profession	onal fundraising fees (Part IX, co	olumn (A), line 11e) · · · ·			104,5	50	163,007
άx			raising expenses (Part IX, column (D)	· ———					
ш				nes 11a-11d, 11f-24e) • • • •	-		3,209,8		5,925,125
			'	equal Part IX, column (A), line 25)	-		14,556,9		23,890,282
_ (r)	19	Revenue	less expenses. Subtract line 18	8 from line 12	•	Daninni	14,679,1		-13,663,342
nce nce						beginnii	ng of Current Year	١	End of Year
sse 3ala	20	Total ass	sets (Part X, line 16)				40,579,5	55	29,513,719
Net Assets or Fund Balances	21	Total liab	bilities (Part X, line 26)				850,3	61	1,813,482
žī	22	Net asse	ts or fund balances. Subtract li	ne 21 from line 20			39,729,1	94	27,700,237
	art II		ature Block						
				amined this return, including accompropers. The accompropers of the accompropers (other the accompropers of the accompropers o					
		-	nowledge.	inplete. Declaration of preparer (other	tilali	officer) is	based on a	11 111101111	acion of which
Sigr		Signatur	e of officer			2024 Date	-11-14		
Her		LEAH GA	RCES CEO AND PRESIDENT			Date			
			print name and title rrint/Type preparer's name	Preparer's signature	Date			PTIN	
Paid	d						eck if if F-employed	P0204723	0
	a par	er 🕝	irm's name FORVIS MAZARS LLP				m's EIN 44-01	160260	
	On	<u> </u>	irm's address 135 WEST 50TH STREET			Dhe	one no. (212)	812-7000	<u> </u>
	, J ii	·· ·	NEW YORK, NY 1002000	002		FIIC	(212)	, 000	
May	the II	RS discus		shown above? See Instructions.				, 1	✓ Yes No
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For Paperwork Reduction Act Notice, see the separate instructions.

Form	1 990 (2023)			Page
Pa	rt 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 $\textcircled{9}$	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		Νo
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		Νo
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 or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. S	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Νo
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		Νo
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		Νo

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាមិន និក្សានាមិន និក្សានាមិន និក្សានេះ និក្សានិះ និក្សានេះ និក្សានេះ និក្សានិះ និក្សានិះ និក្សានិះ និក្សានេះ និក្សានិះ និក្សាន

. 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

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

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 . . .

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

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

Yes

Form 990 (2023)

Yes

Yes

Yes

Yes

Nο

Nο

Nο

Nο

Nο

Nο

Nο

m 990 (2023)								
art IV Checklist of Required Schedules (continued)								
		Yes	No					
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes						

Yes

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Νo

Nο

Nο

No

23

24a

24b

24c

24d

25a

25b

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27

28a

28b

28c

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31

32

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35a

35b

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Λ

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

Form **990** (2023)

Part	Checklist of Required Schedules (continued)			
		Yes	No	
	Did the consciention manufacture than \$5,000 of country or other projections to an few democratic individuals on			

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," 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c 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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

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?

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?

Form **990** (2023)

Form	990 (2023)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
L	by this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	103	N o
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a	Yes	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial \Re^{Cop} enter the name of the foreign country:C A	4a	res	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	_		
	(WESALT))e 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 N o
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible as charitable contributions?			
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t file Form 8282?	7c		Νo
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?	_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		N o
	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 Form 1098-C?	7 h		
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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
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 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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	IS "Meso" sæeizhtionstruetloostions files Fibrutio 47 ខណៈ jach edutlee Naection 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		

year by the following:

Section C. Disclosure

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14

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.		•	 					
Se	ection A. Governing Body and Management								
							Ye	s	ı
1a	Enter the number of voting members of the governing body at the end of the tax	1a			9	9			
	Yearhere 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.

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

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

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

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?

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

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

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

SHAHID MAQSOOD 8033 SUNSET BLVD STE 864 LOS ANGELES, CA 90046 (866) 632-6466

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?

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

2 3 4

8a

8b

9

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

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

5

Yes Yes

Yes

Yes

Yes

Yes

Yes

Νo Nο Νo Νo Nο Νo Νo

Νo

No

Νo

Nο

Form 990 (2023)

6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

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

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

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

List the states with which a copy of this Form 990 is required to be filed

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

a The organization's CEO, Executive Director, or top management official . . .

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

Own website Another's website Vpon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

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

Part VII

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

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.

organization, more than \$10,000 of reportable	•		=	ıy r	elat	ed or	gani	zations.		ļ
See the instructions for the order in which to								ti catana an tun	•	
Check this box if neither the organization r (A) Name and title	(B) Average hours per week (list	Posi	(C) ition (do not check more unless person is both an o	e tha	an o	one bo	ox,	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	dividual trustee director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) NEYSA COLIZZI	3.00	• X		Х	'	'		0	0	ا
BOARD CHAIR	1.00)		<u></u>	⊥_'	ļ!		<u> </u>	<u> </u>	<u> </u>
(2) LISA FERIA	1.00	. X		Х	'				0	0
VICE CHAIR	 				<u>L</u> '	'			l'	l
(3) MICHAEL PELLMAN ROWLAND	1.00	• x		Х	Γ'				0	
TREASURER		^_	!		_'	_ !				
(4) ASHLEY BUGEJA VUU DIRECTOR		. х						0	0	0
(5) DEREK COONS	1.00			1	'			"	0	1 0
DIRECTOR (THROUGH 2/2023)				l _ '	_'	'	_		l'	l
(6) ALEXIS FOX DIRECTOR	1.00							0	0	0
(7) SIDDHARTH HARIHARAN DIRECTOR	1.00	· x						0	0	0
(8) LIZA HEAVENER DIRECTOR	1.00							0	0	0
(9) TYSON-LORD GRAY DIRECTOR	1.00							0	0	0
(10) JAIME SURENKAMP	1.00	 	+	\Box	+-	 	$\vdash\vdash$			
DIRECTOR		· x		L	 			o	ol	0
(11) JODI MEDOFF 	40.00			х		!		147,102	. 0	5,816
(12) LEAH GARCES	40.00							:00.074		5 202
CEO AND PRESIDENT				Х	'	'		192,974	0	6,283
(13) SHAHID MAQSOOD SVP, GLOBAL FINANCE	40.00			х				121,762	. 0	3,424
(14) KELCEY MEADOWS-LUCAS SENIOR PHILANTHROPY OFFICER	40.00					Х		176,603	0	8,363
(15) SUSAN LANE GLOBAL SVP OF PHILANTHROPY	40.00					х		155,704	. 0	40,071
(16) JESSE MARKS SVP OF PROGRAMS	40.00					х		141,017	0	12,923
(17) MAMTA VALDERRAMA GLOBAL SVP OF OPERATIONS	40.00					х		145,757	0	29,669
GEOBAL SVI OF OF EIGHTONS		Щ_		<u>—</u>	Щ'	<u> </u>	Ш		Form 990 (2)	222)

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

	(A) Name and title	(B) Average hours per week (list	u	(C) ition (do not check I nless person is both director/tr	an of			ı ,	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
		any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trust	tee;	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18)	CAITLIN OATES	40.00					х		135,635	0	12,526
SENI	OR PHILANTHROPY OFFICE								155,055		12,020
	Sub-Total										
	Fotal (add lines 1b and 1c)	•					1,216,	554		0 11	19,075
2	Total number of individuals (including the \$100,000 of reportable compensation to the state of t			•	receiv	/ed i	more t	han			
3	Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i>				or high •	est (compe	nsat	ed employee	Yes N	lo
4	For any individual listed on line 1a, is to organization and related organizations individual										
										4 Yes	_
5	Did any person listed on line 1a receive services rendered to the organization?			·		_		n or •	individual for	5 N	0
	ection B. Independent Contract										
1	Complete this table for your five highe compensation from the organization. R										
	Name and	(A) business address					De	escrip	(B) otion of services	(C) Compensati	on
	TIQUE					E	VENT PF	RODU	CTION AND PLANNI	ING 517	,246
NEW	VEST 52ND STREET YORK, NY 10019										
	DLINA GREENHOUSE PLANTS INC					C	ONSTRU	JCTIO	ON	243	,656
KING	CUNNINGHAM ROAD STON, NC 28501										
	SON HABIB IMPACT PHILANTHROPY .UMMER AVENUE					Fl	JNDRAI	SING		163	,007
NEWE	BURYPORT, MA 01950 SFORCEORG					c	OETWAI	DE AN	ND ACCOUNT	154	,798
	DX 39000						ANAGE			134	,790
SAN F	FRANCISCO, CA 94139 R & MCKENZIE LTD					1 6	EGAL SE	RVIC	ES	150	,647
990 A	ABDULRAHIM PLACE RAMA IV ROAD KKOK, BANGKOK 10500						-0/1L JL			130	,~ · /
2 7	Total number of independent contractors		ot lin	nited to those listed	above) wh	no rece	eivec	l more than		

Part	VII		nt of Revenue			and the Dev	± \ /!!!				
		Check if Sc	hedule O contains a res	ponse or not	te to	(A) Total revenue	(B) Related exem function	d or pt on	(C) Unrelate business revenue	e tax u	(D) Revenue cluded from nder sections 12 - 514
Contr	ibu	tions, Gifts, Grai	nts, and OtherAmt Simil	ar Amounts	b c d	Federated campaig Membership dues . Fundraising events Related organizatio Government grants (cor	 ns	1a 1b 1c 1d		_	
					g	All other contributions, g and similar amounts not above Noncash contributions in lines 1a - 1f:\$ Total. Add lines 1a-	included	1f	9,484,0 287,0	_	043
	2-			Business C	ode						
Revenue	2a b										
Program Service Revenue	d										
Progr		All other progra	am service revenue.								
] 9	Total. Add line	3 Investment income (other 49imblate afrom his Royalties					269,647			269,647
			6a Gross rents b Less: rental expenses c Rental income or	(i) R	eal	(ii) Personal					
			(loss) d Net rental income	1		ı					
ne.			from sales of assets other than inventory	71	,363,	309					
Other Revenue			other basis and sales expenses c Gain or (loss)	7c	,937,: 426,:			125 150			125,150
Othe			d Net gain or (loss) 8a Gross income from fund (not including \$ contributions reported o See Part IV, line 18 . b Less: direct expense	raising events of n line 1c)	:	Sa Sb		426,160			426,160
			c Net income or (loss 9a Gross income from activities.	-		g events					
			See Part IV, line 19 b Less: direct expens c Net income or (loss		9	9b					
			10a Gross sales of inver returns and allowar b Less: cost of goods	ices		0a 129,10 0b 82,01					
			c Net income or (loss) from sales	of ir	Business Code	2	47,090	47,090		
			ь								
Othe	rR	evenueMiscAmt	с								
			d All other revenue e Total. Add lines 11 12 Total revenue. See	a-11d .							
			Total Tevellue, See		•	· · · ·	10,	226,940	47,090	0	695,807

form 990 (2023)				Page 1
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mus	·		izations must comple	ete column (A).
Check if Schedule O contains a response or note to	any line in this Part	1		L
Do not include amounts reported on lines 6b, b, 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	294,826	294,826		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	81,342	81,342		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	4,230,042	4,230,042		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	476,338	326,006	75,642	74,690
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	9,525,436	6,519,210	1,512,638	1,493,58
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	225,517	154,344	35,812	35,36
9 Other employee benefits	2,135,197	1,461,328	339,070	334,79
10 Payroll taxes	833,452	570,415	132,352	130,68
L1 Fees for services (non-employees):				
a Management				
b Legal	279,152	191,052	44,329	43,77
c Accounting	228,048		228,048	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	163,007			163,00
f Investment management fees	36,749		36,749	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule	1,927,238	1,587,165	139,452	200,62
O) 12 Advertising and promotion	494,074	338,144	78,459	77,47
L3 Office expenses	572,520	393,685	89,984	88,85
14 Information technology	917,645	628,036	145,722	143,88
L5 Royalties	317,0.0	020,000	1.0// 22	1.5,66
16 Occupancy				
17 Travel	930,545	636,864	147,770	145,91
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	330,313	330,001	2.7,770	1.3,31
19 Conferences, conventions, and meetings	42,811			42,81
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,940	41,023	9,518	9,39
23 Insurance	86,404	59,135	13,721	13,54
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.)				
a STAFF DEVELOPMENT	349,999	239,540	55,579	54,88
b				
С				
d				
e All other expenses				
Total functional expenses. Add lines 1 through 24e	23,890,282	17,752,157	3,084,845	3,053,280
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).				

		(2023)					Page 11
Pa	art X	Balance Sheet					_
		Check if Schedule O contains a response or	note t	o any line in this Part IX .			· · · · <u>L</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			16,650,264	1	3,004,053
	2	Savings and temporary cash investments			539,181	2	5,346,136
	3	Pledges and grants receivable, net			9,793,746	3	3,466,082
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or for	mer officer, director,			
		trustee, key employee, creator or founder, su controlled entity or family member of any of t		· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqu					
		under section $4958(f)(1)$), and persons described	ribed i	in section 4958(c)(3)(B)		6	
50	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		94	8		
Asi	9	Prepaid expenses and deferred charges .			731,490	9	942,783
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	686,329			
	b	Less: accumulated depreciation	10b	139,065	98,946	10c	547,264
	11	Investments—publicly traded securities .			6,048,001	11	15,981,414
	12	Investments—other securities. See Part IV, Ii	ne 11		6,545,753	12	
	13	Investments—program-related. See Part IV, I			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		172,080	15	225,987	
	16	Total assets: Add lines 1 through 15 (must e	ne 33)	40,579,555	16	29,513,719	
	17	Accounts payable and accrued expenses .			850,361	17	1,659,055
	18	Grants payable			18		
	19	Deferred revenue			19	62,500	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete	te Par	t IV of Schedule D		21	
itie	22	Loans and other payables to any current or for	rmer c	officer, director, trustee,			
0		key employee, creator or founder, substantial		,			
Liabilities		controlled entity or family member of any of t				22	
-	23	Secured mortgages and notes payable to unre		· —		23	
	24	Unsecured notes and loans payable to unrelate		· ·	0	24	04.007
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D			U	25	91,927
	26	Total liabilities. Add lines 17 through 25 .			850,361	26	1,813,482
S		Organizations that follow FASB ASC 958, che		re 🗸 and complete	<u> </u>		
JCe		lines 27, 28, 32, and 33.		e in and complete			
alaı	27	Net assets without donor restrictions			27,931,507	27	22,360,795
Fund Balances	28	Net assets with donor restrictions		11,797,687	28	5,339,442	
Ē		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌 and			
		complete lines 29 through 33.					
Assets or	29	Capital stock or trust principal, or current fun			29		
sse	30	Paid-in or capital surplus, or land, building or				30	
	31	Retained earnings, endowment, accumulated i	ncome	e, or other funds	00.700.404	31	07.700.007
Net	32	Total net assets or fund balances			39,729,194	32	27,700,237
	33	Total liabilities and het assets/fund balances			40,579,555	33	29,513,719 Form 990 (2023)

9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10		27,7	00,237
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? 2b Yes

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

Separate basis Consolidated basis Both consolidated and separate basis

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? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? За Νo **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

3b

Form 990 (2023)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2023)		
Additional Data		Return to Form
	C. fl.	
	Software ID:	
	Software Version:	
Form 990, Special Condition Description	on:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

MERCY FOR ANIMALS INC

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.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number**

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

OMB No. 1545-0047

Inspection

Schedule A (Form 990) 2023

54-2076145

1		A church, convention	of churches, or	association of church	nes described ir	section 170(b	o)(1)(A)(i).		
2		A school described in	section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form	າ 990).)			
3		A hospital or a cooper	ative hospital	service organization d	lescribed in sec	tion 170(b)(1)	(A)(iii).		
4		A medical research org hospital's name, city,	,	rated in conjunction w	ith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii)). Enter the	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(a)(iv). (Complete Part II.)							
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1	.)(A)(v).		
7	V	An organization that no described in section 1				m a governme	ntal unit or from the g	eneral public	
8		A community trust des	scribed in secti	on 170(b)(1)(A)(vi).	(Complete Part	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—su nrelated business tax	ibject to certain able income (le	exceptions, and section section 511	nd (2) no more than 3	3 1/3% of its support	
11		An organization organi					509(a)(4).		
12		An organization organione or more publicly s the box on lines 12a th	upported organ	nizations described in	section 509(a)	(1) or section 5	609(a)(2). See section	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 majorii				
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the s					
С		Type III functionally i supported organization						rated with, its	
d		Type III non-functions not functionally integral (see instructions). You	ated. The orga	nization generally mus	st satisfy a dist	ribution require	, ,	` '	
е		Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.							
f	Enter	Enter the number of supported organizations							
g	(i) N	Provide the following in	nformation abo			organization	(w) Amount of	(vi) Amount of	
(i) Name of supported organization		(II) EIN	(iii) Type of organization (described on lines		ır governing	(v) Amount of monetary support (see instructions)	other support (see instructions)		
1- 10 above (see instructions)) Yes No									
Tota	ı							I	

Cat. No. 11285F

83,185,504

4,862,162

78,323,342

83,185,504

1,414,464

776,942

85,376,910

566,056

91.740 %

91.240 %

Schedule A (Form 990) 2023

include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge...

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

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 carried 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

.

.

Part II	Support Sc
	(0

hedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

12,174,988

12,174,988

213,723

2,945

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-2023. 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—2022. 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-2023. 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—2022. 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

(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.) Section A. Public Support

Calendar year (or fiscal year beginning in)

Gifts, grants, contributions, and membership fees received. (Do not

15,054,268

(a) 2018

15.054.268

15,054,268

334,166

656,533

Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2022 Schedule A, Part II, line 14

Section C. Computation of Public Support Percentage

(a) 2018

12,174,988

(b) 2019

(b) 2019

17,626,828

(c) 2020

17,626,828

17,626,828

276,351

60,000

(c) 2020

(d) 2021

(d) 2021

28,845,377

28,845,377

28,845,377

320,577

57,464

(e) 2022

12

14

15

(e) 2022

9,484,043

9,484,043

269,647

9,484,043

83.185.504

(f) Total

(f) Total

che	edule A (Form 990) 2023						Page 3
P	art IIII Support Schedule f						
	(Complete only if you						
	II. If the organization	fails to qualify	under the te	sts listed below	, please comple	ete Part I	l.)
	ection A. Public Support						
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") .						
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						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6.)						
	ection B. Total Support			Т	1	1	
	endar year fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975.						
с 11	Add lines 10a and 10b. Net income from unrelated	-			1		
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.	<u> </u>			1		
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.)	the even in ation!	a first seemed t	hind formeth on fit	fth tay year as a s	ostion FO1	(a)(3) arganization
14	First 5 years. If the Form 990 is for the check this box and stop here	-			•		
-						· · · · ·	
<u> </u>	Public support percentage for 2023 (13, column (f))		15	
15 16	Public support percentage from 202					16	
_	ection D. Computation of Inve					10	
<u>3</u> 17	Investment income percentage for 2				nn (f))	. 17	
17 18	Investment income percentage from					18	
10 19a							, and line 17 is not
_ J	more than 33 1/3%, check this box a						
h	33 1/3% support tests—2022. If the						
_	is not more than 33 1/3%, check this	-			•		_

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

2

За

3b

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2023

Page 4

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

12d, of Part I, complete Sections A and D, and complete Part V.)

checked checked box

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

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

Did the organization have any supported organization that does not have an IRS determination of status under

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

made the determination.

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).

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a 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

4b or supervised by or in connection with its supported organizations. 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 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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

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.

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.

Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?

Page 5

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?	11b		
С	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. ection B. Type I Supporting Organizations			
	cetton by Type 2 Supporting Organizations		Yes	No
1	Did the officers directors tructors or membership of one or more connected experientions have the newer to		103	140
•	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.			
_	<i>,</i> , , , , , , , , , , , , , , , , , ,	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or			
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
<u>S</u>	ectfoll ² b. ^{1,0} Alfl ⁾ Type III Supporting Organizations		ı	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described 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		
S	ection E. Type III Functionally-Integrated Supporting Organizations		ı	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructio	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. b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or	2a		
	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

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.

2b

Net short-term capital gain

Section A - Adjusted Net Income

Recoveries of prior-year distributions

1

(A) Prior Year

2

Page **6**

(B) Current Year

(optional)

3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

4 4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7

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

Schedule A (Form 990) 2023

Section D^{Or} อาการสา

d Excess from 2022. **e** Excess from 2023.

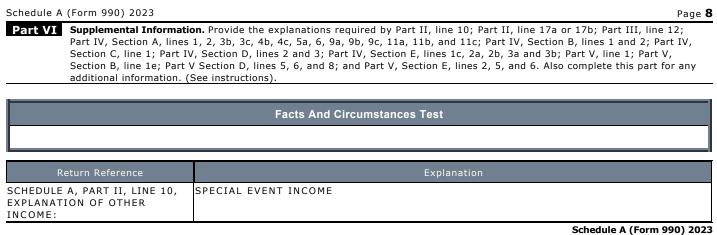
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

1 Amounts paid to supported organizations to accomplish exempt purposes

1

excess of income from activity			_		
3 Administrative expenses paid to accomplish exempt	3				
4 Amounts paid to acquire exempt-use assets	4				
	and provide details in Dant V	/T \	5		
5 Qualified set-aside amounts (prior IRS approval requir		(1)			
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 (provide details in Part VI). See instructions	which the organization is re	sponsive	8		
9 Distributable amount for 2023 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations	(i)		i)		(iii)
(see instructions)	Excess Distributions	Underdis Pre-	tributi 2023	ons	Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI					
). See instructions.					
3 Excess distributions carryover, if any, to 2023:					
a From 2018					
b From 2019					
c From 2020					
d From 2021					
e From 2022					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2023 distributable amount					
 Carryover from 2018 not applied (see instructions) 					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2023 from Section D, line 7:					
\$					
a Applied to underdistributions of prior years					
b Applied to 2023 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
7 Excess distributions carryover to 2024. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2019					
b Excess from 2020					
c Excess from 2021					



Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 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

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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 Name of organization MERCY FOR ANIMALS INC

Employer identification number 54-2076145

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space 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
(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.)

(d)

Date received

Schedule B (Form 990) (2023)

Employer identification number

54-2076145

(c)

FMV (or estimate)

(See instructions)

Page 3

HERCT TO	ANTINAL.
Part II	Noncash
(a)	
No. from	
Part I	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
(b)

Description of noncash property given

Description of noncash property given

(b)

Description of noncash property given

No. from Part I

(a) No. from Part I

(a)

(a) No. from Part I

(a)

No. from

Part I

(a)

No. from

Part I

SCHEDULE C (Form 990)

2

2

5

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Political Campaign and Lobbying Activities

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.
- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
- If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,
- line 35c (Proxy Tax) (see separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization **Employer identification number** MERCY FOR ANIMALS INC

54-2076145

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A

Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

Political campaign activity expenditures. See instructions

Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955

Enter the amount of any excise tax incurred by organization managers under section 4955

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes

Was a correction made?

If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities 1

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..........

Did the filing organization file Form 1120-POL for this year? ┌ Yes □ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (a) Name (c) EIN (d) Amount paid from (e) Amount of

filing organization's political contributions funds. If none, enter received and -0-. promptly and directly

delivered to a

separate political

organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule C (Form 990) 2022 Cat. No. 50084S

178,719

18,387

201,056

23,253

219,462

187,474

250,000

82,574

Schedule C (Form 990) 2022

849,237

1.273.856

311,688

Grassroots nontaxable amount

Grassroots ceiling amount

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

Grassroots lobbying expenditures

activity.

1

(a)

Page 3

(b)

tiv	rity.	Yes	No	Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			

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 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).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Total. Add lines 1c through 1i

Yes Were substantially all (90% or more) dues received nondeductible by members? 1 1

No Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 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

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

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

1 2 expenses for which the section 527(f) tax was paid).

2a Current year

2b Carryover from last year 2c

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

3 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Taxable amount of lobbying and political expenditures. See Instructions 5 Part IV **Supplemental Information**

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.

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MERCY FOR ANIMALS INC

Supplemental Financial Statements

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

Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

				-2076145
Pa	Organizations Maintaining Donor			or Accounts.
	Complete if the organization answered	(a) Donor advised fu		(b) Funds and other accounts
1	Total number at end of year	(a) Bollot davised to	mus	(2) I dilas dila ottici accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor ad the organization's property, subject to the organiza	_		
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	onor or donor advisor, or for an	y other purpose co	e used only for nferring
Pa	Conservation Easements. Complete if the organization answered	"Ves" on Form 990 Part IV	/ line 7	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreated) Protection of natural habitat	organization (check all that ap tion or education) Prese	ply). rvation of an histo	rically important land area ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eld a qualified conservation con	tribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	:s	2b	
С	Number of conservation easements on a certified hi	istoric structure included in (a)	2c	
d	Number of conservation easements included in (c) historic structure listed in the National Register		nd not on a 2d	
3	Number of conservation easements modified, transf tax year	ferred, released, extinguished,	or terminated by t	he organization during the
4	Number of states where property subject to conser	rvation easement is located		
5	Does the organization have a written policy regardi violations, and enforcement of the conservation ea			of Yes No
6	Staff and volunteer hours devoted to monitoring, in year	specting, handling of violations	s, and enforcing co	onservation easements during the
7	Amount of expenses incurred in monitoring, inspect \$	ting, handling of violations, and	d enforcing conser	vation easements during the year
8	Does each conservation easement reported on line (B)(i) and section 170(h)(4)(B)(ii)?			.70(h)(4)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation eas	of the footnote to the organizati		·
Pa	rt III Organizations Maintaining Collect Complete if the organization answered			ther Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets is service, provide, in Part XIII, the text of the footnotes the service of the footnotes are the service of the footnotes.	SB ASC 958, not to report in its held for public exhibition, educa	s revenue stateme ation, or research	in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets hel provide the following amounts relating to these iter	d for public exhibition, education		
	(i) Revenue included on Form 990, Part VIII, line $oldsymbol{1}$.			. > \$
((ii) Assets included in Form 990, Part X · · · · · · ·			. > \$
2	If the organization received or held works of art, hi following amounts required to be reported under F			ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 \cdot			🕨 \$
b	Assets included in Form 990, Part X \dots			. 🕨 \$
or	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat. No.	Schedule D (Form 990) 202

3	Using the organization's acquisition, access collection items (check all that apply):	sion, and ot	her reco	ords, ch	eck aı	ny of t	he follow	ing that	are a signi	ficant us	se of its	
а	Public exhibition			d		Loan	or excha	nge prog	grams			
b	Scholarly research			е		Other						
С	Preservation for future generations											
4	-											
7	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Yes	☐ No	
Pa	Complete if the organization an Part X, line 21.			Form !	990,	Part I	V, line	9, or re	ported an	amoun	t on Forn	n 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 X	III and com	nplete th	e follov	ving ta	able:			P	mount		
c	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				<u> </u>
2a	Did the organization include an amount on	Form 990.	Part X.	line 21.	for e	scrow	or custo	dial acco	unt liability	շ厂 Yes	☐ No	
	• • •											
b	If "Yes," explain the arrangement in Part X	III. Check	here if t	he expl	anatio	n has	been pr	ovided in	Part XIII	[
Pa	rt V Endowment Funds.											_
	Complete if the organization and	swered "Y (a) Curre			990, I Prior y				(d) Three ye	nare hack	(a) Four ve	arc back
1a	Beginning of year balance	(a) curre	ent year	(6)	FIIOI y	Cai	(C) IWO	years back	(u) Tillee y	ears back	(e) I our ye	als back
	Contributions											
	Net investment earnings, gains, and losses											
·	The investment earnings, gams, 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 cu	rrent year o	end bala	nce (lin	e 1g,	colum	n (a)) he	eld as:				
а	Board designated or quasi-endowment											
b	Permanent endowment											
c	Term endowment ▶											
	The percentages on lines 2a, 2b, and 2c st	nould equal	100%.									
3а	Are there endowment funds not in the poss	ession of th	ie organ	ization	that a	re held	d and ad	minister	ed for the		-	
	organization by: (i) Unrelated organizations									2-	Yes a(i)	No
	(ii) Related organizations										n(ii)	
b	If "Yes" on 3a(ii), are the related organization				Sched	ule R?	,				3b	
											•	•
4	Describe in Part XIII the intended uses of t		ation's e	ndowm	ent fu	ınds.						
Pa	rt VI Land, Buildings, and Equipm Complete if the organization an		'es" on	Form (990 I	Dart T	V line	11a So	e Form 00	n Part	Y line 1	0
	Description of property (a) Cost or oth (investment)	er basis		t or other					depreciation		d) Book valu	
12	Land											
	Land											
	Buildings					142,058			5,012			437,046
	Leasehold improvements					-						
d	Equipment				4	244,271			134,053			110,218

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

Part VII	Complete if the organization answered "Yes" on Form 99				
	(a) Description of security or category (including name of security)	(b) Bo value			l of valuation: year market value
	Il derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part	Investments - Program Related.	1	TV line 11e Ce		00 Davit V Jima 12
VIII	Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	o, Part	(b) Book value	(c)	Method of valuation:
(1)				Cost or	end-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	۰			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 99	0, Part	IV, line 11d. Se	e Form 99	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colur Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				>
Pait A	Complete if the organization answered 'Yes' on Form 990	0, Part	IV, line 11e or 1	.1f.	
1.	See Form 990, Part X, line 25. (a) Description of liability				(b) Book value
(1) Federal LEASE LIA	income taxes				91,92
					- , .
Total (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)				04.00
2. Liability f	or uncertain tax positions. In Part XIII, provide the text of the fo				
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). C	heck her	e if the text of the	e footnote	has been provided in Part

Part XI

1

3

1

2

3

Part XIII

Part XII

11,825,341

1,635,150

36,749

23,854,298

36,749

23,890,282

Page 4

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Reconciliation of Revenue per Audited Financial Statements With Revenue per

2 Net unrealized gains (losses) on investments 2a

Donated services and use of facilities

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

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities

Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1

1,634,385 2b

765

1

4c

1

4c

5

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

Add lines 4a and 4b

Subtract line **2e** from line **1** . . .

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

2c

2d

4a

4b

2a

4b

2e 3 36,749

10,190,191 10,226,940

2b 2c 2d 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 4a

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e 3 36,749

765

765 23,853,533

Schedule D (Form 990) 2022

Supplemental Information

Return Reference

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

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

Other (Describe in Part XIII.)

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

Explanation

(Form 990) Department of the Treasury

SCHEDULE F

► 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.

(d) Activities conducted in

region (by type) (such as,

fundraising, program

services, investments, grants

to recipients located in the

region)

O GRANTS TO

REGION

RECIPIENTS LOCATED IN THE

GRANTS TO

GRANTS TO

REGION

RECEIPIENTS LOCATDD IN THE

RECIPIENTS LOCATED IN THE REGION

(e) If activity listed in (d) is a

program service, describe

specific type of

service(s) in the region

Open to Public Inspection

Yes

(f) Total expenditures

for and investments

in the region

2,113,325

2,070,460

46,250

4,230,035

4,230,035

OMB No. 1545-0047

Part I	Gen
MERCY F	OR ANI

Internal Revenue Service Name of the organization

Employer identification number MAIS INC 54-2076145

Statement of Activities Outside the United States

eral Information on Activities Outside the United States. Complete if the organization answered Yes" on Form 990, Part IV, line 14b.

(c) Number of

employees,

agents, and

independent

contractors in the

region

For grantmakers. Does the organization maintain records to substantiate the amount of its grants

(b) Number of

offices in the

region

0

0

Offier assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other

assistance outside the United States.

(a) Region

SOUTH AMERICA

NORTH AMERICA

SOUTH ASIA

Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(1)

(2) (3)

(4) (5) (6) (7) (8)

(9)

3a Sub-total . . .

(10)

(12) (13) (14)

(15)

(11)

(16)

to Part I .

b Total from continuation sheets

0

chedule F (Form 99	0) 2023							Page 2
						plete if the organizat onal space is needed		" 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	2,113,325	WIRE	0		
2)		NORTH AMERICA	OPERATING EXPENSES	1,486,604	WIRE	0		
3)		NORTH AMERICA	OPERATING EXPENSES	583,856	WIRE	0		
4)		SOUTH ASIA	OPERATING EXPENSES	46,250	WIRE	0		
5)								
6)								
7)								
B)								
9)								
10)								
11)								
12)								
13)								
14)								
15)								

(16) 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

appraisal, other)

Schedule F (Form 990) 2023

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 valuation

Part III can be	Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation			
					assistance	assistance	(book, FMV,			

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule I	F (Form 990) 2023		Page 5
Part V	method; amounts of (accounting method)	rmation on required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accourting investments vs. expenditures per region); Part II, line 1 (accounting method); Part; and Part III, column (c) (estimated number of recipients), as applicable. Also coming additional information. See instructions.	III
	ReturnReference	Explanation	
PART I, LI		DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO ENSURE THEY ARE CONSISTENT WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE ACCOMPAN GRANT AGREEMENTS THAT REQUIRE GRANTEES TO USE FUNDS IN A PERMISSIBL MANNER TO ACHIEVE THE PURPOSE OF THEIR GOALS. SPENDING OF GRANT FUN PROGRESS TOWARD OBJECTIVES ARE MONITORED BY DEPARTMENT LEADERS WI OVERSIGHT FROM LEADERSHIP. THE BOARD OF DIRECTORS APPROVES THE AMO THE GRANTS ANNUALLY.	E DS AND TH
-		Schedule F (Form 990) 2023

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

Inspection

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Total .

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

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

Name of the organization MERCY FOR ANIMALS INC **Employer identification number**

54-2076145

Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Ves No services? If Yes, list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to individual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col. (i) contributions? Yes No SOLICITATIONS MADISON HABIB FOR ANNUAL IMPACT GIVING PHILANTHROPY Nο 656,803 163,007 493,796 31 PLUMMER AVENUE NEWBERRY, MA 01950

A L, A K, A Z, A R, C A, C O, C T, D E, F L, G A, H I, I D, I L, I N, I A, K S, K Y, L A, M E, M D, M A, M I, M N, M S, M O, M T, N E, N V, N H, N J, N M, N Y, N C,

N D, O H, O K, O R, P A, R I, S C, S D, T N, T X, U T, V T, V A, W A, W V, W I, W Y

656,803

163,007

W I

493,796

	edule G (Form 990) 2023				Page
Pa	rt II Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribu			
	events with gross receipts g	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
ine					
Revenue					
ď					
	1 Gross receipts				
	2 Less: Contributions				
	line 2)				
	4 Cash prizes				
Se	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
찞	7 Food and beverages				
ect	8 Entertainment				
ā	9 Other direct expenses				
	10 Direct expense summary. Add lines	,			•
Par	t III Gaming. Complete if the or				norted more than
ı aı	\$15,000 on Form 990-EZ, lin		163 011101111 330,1	The state of the s	Torted more than
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Direct Expense					
页	3 Noncash prizes				
irec	4 Rent/facility costs				
ш	5 Other direct expenses		 		
		Yes%	Yes%	Yes%_	
	6 Volunteer labor	No	No	No	
	7 Direct expense summary. Add lines 2	2 through 5 in column (c	i)		•
	8 Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<u></u>	
9	Enter the state(s) in which the organiz	ration conducts gaming a	activities:		
a b	Is the organization licensed to conduct If "No," explain:				
10a b	Were any of the organization's gaming If "Yes," explain:	licenses revoked, suspe	nded or terminated durin	g the tax year? .	Yes No

		Software	e ID:			
Ac	ditional Data				Return to Form	
			·	ıle G (F	Form 990) 2023	
	instructions. Return Reference	. 90, 100, 130, 130, 16, and 170,	as applicable. Also provide any additi	Ulidi I	mormation. See	
Par	t IV Supplemental	Information. Provide the expla	nations required by Part I, line 2b, co			b
b		exempt activities during the tax year	ributed to other exempt organizations or sp \$\Box\$	ent		
h			ributed to other exempt organizations or so		Yes No	
а			e distributions from the gaming proceeds to			
17	Mandatory distributions:					
	Director/officer	Employee	☐ Independent contractor			
	bescription of services p					
	Description of services p					
	Gaming manager comper	nsation \$				
	Name 🕨					
16	Gaming manager informa	tion:				
	Address					
	Name 🕨					
·	,	address of the third party:				
•		retained by the third party *				
b			organization 🕨 \$ and	l the		
15a	_		whom the organization receives gaming		Yes No	
	Address					
	Name 🕨					
14	Enter the name and addr	ess of the person who prepares the or	rganization's gaming/special events books a	nd red	cords:	
b				13b		%
а	-			13a		%
13		ritable gaming? of gaming activity conducted in:		 	Yes No	
12	İs the organization a grar	ntor, beneficiary or trustee of a trust o	r a member of a partnership or other entity			
11		nduct gaming activities with nonmem	bers?			ige 2
Sche	dule G (Form 990) 2023				D:	age 3

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

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.

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
MERCY FOR ANIMALS INC
54-2076145

Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) grant cash (book, FMV, appraisal, noncash assistance or assistance or government assistance other) (1) A WELL-FED WORLD THE PEOPLE'S FUND: 27-0865905 501(C)(3) 90,000 3936 S SEMORAN BLVD AMPLIFYING UNDERREPRESENTED ORLANDO, FL 32822 VOICES IN SUPPORT FOR ANIMAL WELFARE (2) PLANT THE POWER THE PEOPLE'S FUND: 85-3120775 501(C)(3) 20,000 3907 E MOUND STREET AMPLIFYING UNDERREPRESENTED COLUMBUS, OH 43227 VOICES IN SUPPORT FOR ANIMAL WELFARE (3) RETHINK YOUR FOOD 84-2273554 501(C)(3) 20,000 THE PEOPLE'S FUND: AMPLIFYING 12717 W SUNRISE BLVD UNDERREPRESENTED VOICES IN SUPPORT SUNRISE, FL 33323 FOR ANIMAL WELFARE THE PEOPLE'S FUND: (4) BETTER FOOD 81-4537521 501(C)(3) 30.000 FOUNDATION AMPLIFYING PO BOX 96503 21885 UNDERREPRESENTED WASHINGTON, DC 20090 VOICES IN SUPPORT FOR ANIMAL WELFARE (5) BLACK VEGETARIAN 81-1874876 501(C)(3) 20,000 THE PEOPLE'S FUND: SOCIETY OF MARYLAND AMPLIFYING 840 N EUTAW STREET UNDERREPRESENTED VOICES IN SUPPORT BALTMORE, MD 21201 FOR ANIMAL WELFARE (6) APEX ADVOCACY 86-2799787 501(C)(3) 21,000 THE PEOPLE'S FUND: 3102 ROBIN ROAD AMPLIFYING DECATUR, GA 30032 UNDERREPRESENTED **VOICES IN SUPPORT** FOR ANIMAL WELFARE (7) GRASSROOTS ARTISTS THE PEOPLE'S FUND: 34-1975159 501(C)(3) 20,000 MOVEMENT AMPLIFYING 1958 FULTON STREET UNDERREPRESENTED BROOKLYN, NY 11233 VOICES IN SUPPORT FOR ANIMAL WELFARE (8) A TABLE IN THE 83-1151860 501(C)(3) 10,000 THE PEOPLE'S FUND: WILDERNESS AMPLIFYING UNDERREPRESENTED PO BOX 143 HARRAH,OK 73045 VOICES IN SUPPORT FOR ANIMAL WELFARE (9) ALL RELATIONS 82-2004872 501(C)(3) 20,000 0 RESEARCH GRANT UNITED PO BOX 13794 LAS CRUCES, NM 88011 (10) FOOD CHAIN 90-0728464 0 TRANSFARMATION 501(C)(3) 6,200 WORKERS INC OUTREACH GRANT 3055 WILSHIRE BLVD SUITE 300 LOS ANGELES, C A 90010 (11) WOMEN FOOD AND 27-0897403 TRANSFARMATION 501(C)(3) 6,000 AGRICULTURE NETWORK **OUTREACH GRANT** 501 PENNSYLVANIA AVENUE STORY CITY, IA 50248 (12) OPEN SPACE 52-1053406 501(C)(3) 6,000 0 TRANSFARMATION INSTITUTE OUTREACH GRANT 1350 BROADWAY STREET SUITE 201 NEW YORK, NY 10018 (13) OPERATION SPRING TRANSFARMATION 58-2037106 501(C)(3) 15,21 **OUTREACH GRANT** 2615 B GELA ROAD OXFORD, NC 27565 TRANSFARMATION (14) NATIONAL 47-0553823 501(C)(3) 6,000 0 SUSTAINABLE **OUTREACH GRANT** AGRICULTURE COALITION

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

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

.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

145 MAIN STREET LYONS, NE 68038

14

Page 2

Part III	Grants and Other Assistance to	o Domestic Individuals. Co
	Part III can be duplicated if a	dditional space is needed.
(a) Ty	pe of grant or assistance	(b) Number of

(2)

(3)

(4)

(5)

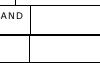
(6)

(7)

Part IV Return Reference

PART I, LINE 2:

(1) TRANSFARMATION INNOVATION GRANT	RESEARCH	Δ



Explanation

recipients

(c) Amount of

cash grant

76,342

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

> 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.

(d) Amount of

FMV, appraisal, other)

(e) Method of valuation

(book,

Schedule I (Form 990) 2023

Schedule J	Compensation Information 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. Go to www.irs.gov/Form990 for instructions and the latest information.					
(Form 990)						
Department of the Treasury						
nternal Revenue Service						
Name of the organiza MERCY FOR ANIMALS INC						
	54-2					
Part I Question	ons Regarding Compensation					

First-class or charter travel

Compensation committee

Independent compensation consultant

Form 990 of other organizations

compensation contingent on the revenues of:

Any related organization? If "Yes," on line 5a or 5b, describe in Part III.

compensation contingent on the net earnings of:

If "Yes," on line 6a or 6b, describe in Part III.

8

Any related organization?

organization or a related organization:

Discretionary spending account

Tax idemnification and gross-up payments

Travel for companions

Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

Written employment contract

Compensation survey or study

Approval by the board or compensation committee

Cat. No. 50053T

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods

During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement?

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

Open to Public Inspection **Employer identification number**

OMB No. 1545-0047

Yes No

990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 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)

54-2076145

1b

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

2

4b

4c

5a

6a

7

8

Schedule J (Form 990) 2023

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations 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.

Part II Officers, Directors, Trustees, Key Employee								ided.
For each individual whose compensation must be reported on Schedule instructions, on row (ii). Do not list any individuals that are not listed	on Fo	orm 990, Part VII.						l
Note. The sum of columns (B)(i)-(iii) for each listed individual must ed		he total amount o	of Form 990, Part \					that individual.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC	C	and other	(D) Nontaxable benefits	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
1 LEAH GARCES CEO AND PRESIDENT	(i)	192,352	0	622	5,312	971	199,257	0
	(ii)	0	0		0	0	0	0
2 SUSAN LANE GLOBAL SVP OF PHILANTHROPY	(i)	149,004	0	6,700	4,669	35,402	195,775	0
	(ii)					0	0	
3 KELCEY MEADOWS-LUCAS SENIOR PHILANTHROPY OFFICER	(i)	174,840	0	1,763	5,312	3,051	184,966	0
	(ii)					0	0	
4 MAMTA VALDERRAMA GLOBAL SVP OF OPERATIONS	(i)	145,445	0	312	4,448	25,221	175,426	0
	(ii)	0				0	0	0
5 JESSE MARKS SVP OF PROGRAMS	(i)	139,462	0	1,555	4,230	8,693	153,940	0
	(ii)	0				0	0	
6 JODI MEDOFF SECRETARY / GENERAL COUNSEL	(i)	146,649	0	453	4,230	1,586	152,918	0
	(ii)	0				0	0	
		1	1	<u>.</u>			Cabadula 1 (Tearm 000\ 2022

Schedule J (Form 990) 2023 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) 2023



(Form 990)

SCHEDULE M

Noncash Contributions

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

Open to Public Inspection Employer identification number

MERC	CY FOR ANIMALS INC				54-20	76145			
Pa	rt I Types of Property				<u> </u>	7 0 2 1 0			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		Method of o		_	nts
1	Art—Works of art	Х	1	3,500	FMV	REPORTED E	BY DOI	NOR	
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		6,495	FMV	REPORTED E	BY DOI	NOR	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
	Securities—Publicly traded .	Х	3 7	242,042	SALE	S AMOUNT			
10	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
	Food inventory	Х	5	35,000	FMV	REPORTED E	OD YE	NOR	
20	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts								
	Other ► ()								
	Other ► ()								
	Other ▶ ()								
	Other ▶ ()								
29	Number of Forms 8283 received by for which the organization complete				29			I	
20-	During the committee of the committee		b	to an analytical in Dank T. linear	1 44			Yes	No
<i>3</i> ∪a	During the year, did the organizat it must hold for at least three yea exempt purposes for the entire ho	rs from the	date of the initial contribut						
	· · · · · · · · · · · · · · · · · · ·						30a		Νo
b	If "Yes," describe the arrangemen								
31	Does the organization have a gift	•		,			31	Yes	
32a	Does the organization hire or use contributions?						32a	Yes	

b If "Yes," describe in Part II.

describe in Part II.

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

Page 2 Schedule M (Form 990) (2023) 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 THE NUMBER OF CONTRIBUTIONS ABOVE REPRESENTS THE TOTAL NUMBER OF DONORS OF PART I, COLUMN (B): NON-CASH ITEMS 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. Schedule M (Form 990) (2023)

SCHEDULE O

Name of the organization

MERCY FOR ANIMALS INC

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Employer identification number

54-2076145

Open to Public Inspection

Schedule O (Form 990) 2023

OMB No. 1545-0047

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

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 SECTION B. OFFICERS AND SENIOR LEADERSHIP TEAM IS DECIDED AND DOCUMENTED BY THE PRESIDENT IN CONSULTATION WITH THE LINF 15A PEOPLE OPERATIONS DEPARTMENT AND BASED ON INDEPENDENT COMPARABILITY DATA. FORM 990. TO THE EXTENT GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS, AND CONSTITUTION), CONFLICT OF PART VI. INTEREST POLICY AND FINANCIAL STATEMENTS OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL OR STATE PUBLIC SECTION C. DISCLOSURE RULES. THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE.

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

Cat. No. 51056K

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

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

I INF 19

SCHEDULE R (Form 990)

Department of the Treasury

MERCY FOR ANIMALS INC

Internal Revenue Service

Name of the organization

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.

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

2023

Open to Public Inspection

Employer identification number

54-2076145

(a)	(b)	(c)	(d)	(e)	(f)		—
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity		
(1) MFA TRANSFARMATION PROJECT LLC 8033 SUNSET BLVD LOS ANGELES, CA 90046 93-1760801	TO ADVANCE THE MISSION OF MERCY FOR ANIMALS, INC.	DE	0	447,058	MERCY FOR ANIMALS INC		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations. Complete if the other tax year.	organization answ	ered "Yes" on F	orm 990, Part IV	/, line 34 because it had	one	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity sta (if section 501(c)	atus Direct controlling entity	Se 51 (cont en	(g) ection 12(b) 13) trolle tity?
(1)MERCY FOR ANIMALS CANADA 18 KING STREET EAST SUITE 1400 TORONTO, ONTARIO ME5 1C4 CA	TO SUPPORT CORPORATE ENGAGEMENT PROGRAMS IN CANADA	CA			MERCY FOR ANIMALS INC		_
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Cat. No. 50135	TY		Schedule R (Form 99	0) 20:	23

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.

(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	(l Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	part		(k) Percentage ownership
							Yes	No		Yes	No	ļ
								-			-	
Part IV Identification of Related Organizations								answered	l "Yes" on	Form 9	90, Part	IV, line

34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(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	Section 5 controlled	12(b)(13)
		(state or foreign country)		corp, or trust)		assets		Yes	No
	Schedule R (Form 990) 2023								

Schedule R (Form 990) 2023					Pag	ge 3
Part V Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Form 9	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
f 1 During the tax year, did the organization engage in any of the following transactions with one or mo	re related organizations li	sted in Parts II-IV	?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity · · ·				1a		No
${f b}$ Gift, grant, or capital contribution to related organization(s)				1b	Yes	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e 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
\boldsymbol{h} Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1 i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s) $oldsymbol{\cdot}$ $oldsymbol{\cdot}$ $oldsymbol{\cdot}$ $oldsymbol{\cdot}$ $oldsymbol{\cdot}$ $oldsymbol{\cdot}$				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
${f r}$ Other transfer of cash or property to related organization(s) \cdot · · · · · · · · · · · · · · · · · · ·				1 r		No
${f s}$ 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 comp	lete this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount i	nvolved	I
1)MERCY FOR ANIMALS CANADA	В	583,856	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	Are al se 501 orgar	(e) I partners ection (c)(3) hizations?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropr allocat	tionate cions?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j Gener mana part	ral or aging	(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
										S	rhedule F	(Form 9	990) 2023

Schedule R (Form 990) 2023	Page 5	
Part VII Supplemental In	formation	
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.	
Return Reference	Exp	planation
		Schedule R (Form 990) 2023
Additional Data		Return to Form
	Software ID:	
	Software Version:	