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

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

		ue Service						Inspection
			llendar year, or tax year beginn	ing 01-01-2024 , and ending 12-31-20	24			
		applicable:	C Name of organization	<u></u> ,		D Employ	er identi	fication number
		change	MERCY FOR ANIMALS INC			E4 20	76115	
l .		hange					76145	
Ini Fin	tial re	eturn	Doing business as					
retur	n/term	ninated	Number and street (as D.O. bass if		.14	E Telephor	ne number	
		ed return tion pending	8033 SUNSET BOULEVARD 864	mail is not delivered to street address) Room/su	ııte	(866)	632-64	46
Д	piicat	lon pending		untry, and ZIP or foreign postal code		(000)	032 04	+0
			LOS ANGELES, CA 90046	antity, and 21F or foreign postar code		G Gross re	ceipts \$ 3	5.273.031
			F Name and address of princ	ipal officer:	H(a) I	s this a group r		
			LEAH GARCES			subordinates?	etuili ioi	Yes 🔽 No
			8033 SUNSET BOULEVARD LOS ANGELES, CA 90046	864		Are all subordin	ates	Yes No
- Ta	v-0v0	mnt status				ncluded?	list Cs	
1 10.	· CAC	impt status.	501(c)(3) 501(c) () (in	sert no.) 4947(a)(1) or 527		f "No," attach a Group exemption		
J W	ebsi	te: HT	TPS://MERCYFORANIMALS.O	RG/	11(6)	aroup exemption	i ilullibe	
			E		I Vany of	formation: 2002	M Ctata	of legal domicile: DE
K Forr	n of c	organization	: Corporation Trust Associa	ation Other	L Teal Of	TOTTIACIOIT. 2002	IN State	or legal doffficile. DL
D	art I	Sum	ımary					
Г				on or most significant activities.				
				on or most significant activities: JLTURE BY CONSTRUCTING A JUST /	AND SUS	STAINABLE FO	OD SYS	TEM.
)Ce								
nar								
Ven								
05	2			iscontinued its operations or disposed o	f more th	ian 25% of its n	1	İ
×8	3		•	ning body (Part VI, line 1a)			3	4
es	4		,	of the governing body (Part VI, line 1b) calendar year 2024 (Part V, line 2a)			4	4
Activities & Governance	5		5	133				
ACT.	6		,	necessary) · · · · · · ·			6	205
4				Part VIII, column (C), line 12 · · ·			7a	0
	b	Net unre	elated business taxable income	from Form 990-T, Part I, line 11			7b	0
		• •				Prior Year		Current Year
9			itions and grants (Part VIII, line	,		9,484,0		23,963,424
Revenue		-	•	2g)			0	0
æ			, , ,	A), lines 3, 4, and 7d) • • • •		695,8	07	593,278
			venue (Part VIII, column (A), lir	90	-1,212,039			
	12			must equal Part VIII, column (A), line 12	2)	10,226,9	40	23,344,663
	13	Grants a	and similar amounts paid (Part I	X, column (A), lines 1-3)		4,606,2	10	7,018,515
	14	Benefits	paid to or for members (Part IX	0	0			
88	15	Salaries	, other compensation, employee	10)	13,195,9	40	12,233,996	
Expenses	16 a	a Professi	onal fundraising fees (Part IX, o	column (A), line 11e) · · · · ·		163,0	07	0
che	b	Total fund	raising expenses (Part IX, column (D)), line 25) 2,520,079				
Ω	17	Other ex	kpenses (Part IX, column (A), li	nes 11a-11d, 11f-24e)		5,925,1	.25	4,655,969
	18	Total ex	penses. Add lines 13-17 (must	equal Part IX, column (A), line 25)		23,890,2	82	23,908,480
	19	Revenue	e less expenses. Subtract line 1	8 from line 12		-13,663,3	42	-563,817
Net Assets or Fund Balances					Beg	inning of Curren	t	End of Year
anc						Year		
Bal	20		sets (Part X, line 16)			29,513,7	19	30,246,859
nd but	21	Total lia	bilities (Part X, line 26)			1,813,4	82	1,243,580
Zű	22	Net asse	ets or fund balances. Subtract I	ine 21 from line 20		27,700,2	137	29,003,279
Pa	rt II	Sign	nature Block					
	•			xamined this return, including accompar				
		-	beller, it is true, correct, and co nowledge.	mplete. Declaration of preparer (other the	nan office	er) is based on a	ii inform	ation of which
						2025-08-13		
Sign Here			re of officer ARCES CHIEF EXECUTIVE OFFICER			Date		
	ت	Type or	print name and title			1 .		
_	_	F	Print/Type preparer's name		Date 2025-07-28		PTIN P0085271	7
Paid		<u> </u>	Firm's name DITE 9. COLLC			self-employed		
Pre	par	er ˈ	Firm's name BLUE & CO LLC			Firm's EIN 35-1	1/0001	
Use	Or	าไy 🗔	Firm's address 250 WEST MAIN STREET	SUITE 2900		Phone no. (859)	253-1100	
		-	LEXINGTON, KY 40507					
Mav t	he I	RS discus	s this return with the preparer	shown above? See Instructions. • •				Yes No
, .		0.5003			-		II.	,

Forn	990 (2024)						Pa	age 2
Pa	rt III	Statement of P	rogram Service	Accompl	ishments				
		Check if Schedule O	contains a respons	e or note to	any line in th	is Part III .			
1	Briefly	describe the organiz	zation's mission:						
ESS	ENTIAL		OF OUR PLANET A	ND ALL WHO	O SHARE IT.	OUR VISIO	STEM THAT IS NOT JUS DN OF A WORLD WHERE		BUT
2		e organization undert ior Form 990 or 990	, ,		_	,	ich were not listed on	Yes V No	
	If "Ye	s," describe these ne	w services on Sche	dule O.					
3	servio	e organization cease			changes in h	ow it condu	cts, any program	☐ Yes 🗸 No	
	If "Ye	s," describe these ch	anges on Schedule	0.					
4	expen		3) and 501(c)(4) or	ganizations a	are required t	o report the	largest program services amount of grants and al		
4a	WITH MEDI AND FOR	PUBLIC ENGAGEMENT TEA I CELEBRITIES TO EXPAND A ON THE BENEFITS OF PI INSPIRE ACTION FOR ANII	O OUR REACH, PRODUCI LANT-BASED EATING. O MAL WELFARE GLOBALLY	NG HARD-HITT UR CONTENT RI (.WE ALSO SUP	ING VIDEOS THA EACHED MILLION PORTED SIGNIFI	N LARGE MEDI IT EXPOSE FAC IS OF VIEWER! CANT CORPOR	7,018,515) (Revenue \$ A OUTLETS, COLLABORATING A CTORY FARMING, AND EDUCAT. S AND SOCIAL MEDIA USERS, F ATE AND LEGISLATIVE WINS, E IPROVE PROTECTIONS FOR FAR	ING MILLIONS THROUGH SO HELPING TO RAISE AWAREN ENSURING ONGOING PROGR	OCIAL IESS RESS
4b	(Cod	۵') (Expenses \$	1,169,842	including gran	ts of \$) (Revenue \$)	
40	TRAN THIS MOD	SFARMATION. OUR MISSI BY HELPING FARMERS TR	ON IS TO BUILD COLLECTION FROM INDUSTRICT OPPORTUNITIES	CTIVE POWER S TRIAL ANIMAL , BUILDING SO	SUFFICIENT TO R AGRICULTURE O LIDARITY WITH (EALIZE A JUST PERATIONS TO	AND SUSTAINABLE FOOD SYS O RAISING CROPS FOR HUMAN ENTS, AND SHIFTING SOCIETA	TEM. TRANSFARMATION DO CONSUMPTION. BY CREATI	ING
4c	(Cod	e:) (Expenses \$	686,727	including gran	ts of \$) (Revenue \$)	
	INVE	STIGATIONS SHOW THE H AJOR CHANGES IN THE A	IARSH REALITIES OF TH	E TREATMENT (OF FARMED ANIM	ALS. OUR INV	ESTIGATIONS LAND COVERAGE R ACTION FOR ANIMAL WELFA	IN MEDIA, AND CAN HELP	
4d	Othe	er program services ((Describe in Schedu	ıle O.)					
	(Exp	penses \$	includ	ling grants o	of \$) (Revenue \$)	
4e	Tota	l program service ex	penses 18	3,126,568					
								Form 990 (2	2024)

Form	990 (2024)			Page 3
Pa	Checklist of Required Schedules	-		
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A *	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, 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? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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		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 🐯 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 为 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 🥦 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 និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក

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

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

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

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

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

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

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

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

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

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

Schedule D. Part VI. 🧐 🔒

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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20a

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2024)

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Form 990 (2024)											
Pa	t IV Checklist of Required Schedules (continued)										
-			Yes	No							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes								
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No							
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b									
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c									
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d									
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	25a		No							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No							
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26		No							
27	បីពីប៉ីមិន" សម្រាន់មីទៅក៏ក្រម់ដែល និក្ខាត់។ to rother assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," completeSchedule L,Part III	27		No							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):										
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>										
		28a		No							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No							
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"	200		No							

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

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32

Part V

conservation contributions?

and Part V, line 1 .

sections 301.7701-2 and 301.7701-3?

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

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

ਲਿੰਹੇ^{(ਮ}ਰਿੰਜ਼ਰ) ਨਿਊਸ਼ਮੀਓਰਿੰਜ਼ਰਿੰਜ਼ਰਿੰਜ਼ਰਿੰਜ਼ਰਿੰਜ਼ਰਿੰਜ਼ਰ ਦੇ 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

พื้นใช้เหลื เกาส์ เกาส

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

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

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

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

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

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

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

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

gaming (gambling) winnings to prize winners?

No

Nο

Nο

Nο

Nο

Nο

Nο

Νo

28c

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34

35a

35b

36

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1a

1b

Yes

Yes

Yes

Form	990 (2024)			Page 5					
Pa	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 by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a		No					
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial ರ್ಷಲೀಕರ್) enter the name of the foreign country:								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts								
	(WBACH) organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νο					
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 to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
_		7e		Νo					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
		7h							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.	_							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b								
11	Section 501(c)(12) organizations. Enter:								
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.			<u> </u>					
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								
	Enter the amount of reserves on hand	14-		N. a					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No					
	If the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No					
16	If thesotyperatabetionstandering the year? If thesotyperatabetionstandering the year? If thesotyperatabetionstandering the year?	16		No					
	If "Yes." complete Form 4720. Schedule O								
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							

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ı a	dovernance, Flanagement, and Disclosure. For each Tes Tesponse to lines 2 till	_	•	,		
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response or note to any line in this Part VI	e 0. S	ee instructions.			
Se	ction A. Governing Body and Management					
					Yes	ı
1a	Enter the number of voting members of the governing body at the end of the tax	1a	4			
	$Y^{e}M^{e}$ 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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?			2		N
_	Billian and the delication of the control of the co	4.6				

	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	3 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? .							
4	Did the organization make any significant changes to its governing documents since	the p	rior Form 990 was	4		Νo		
5	60° organization become aware during the year of a significant diversion of the c	5		Νo				
6	Did the organization have members or stockholders?	6		No				
7a	-							

b	Enter the number of voting members included in line 1a, above, who are independent	1b		4						
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?				2		No			
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				3		Νo			
4	Did the organization make any significant changes to its governing documents since	e the p	orior Form 9	990 was	4		Νo			
5	5 Bladthe organization become aware during the year of a significant diversion of the organization's assets? . 5									
6	6 Did the organization have members or stockholders?									
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?									
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written activear by the following:	ons ur	ndertaken d	uring the						
а	The governing body?				8a	Yes				
b	Each committee with authority to act on behalf of the governing body?				8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, worganization's mailing address? If "Yes," provide the names and addresses in Schedule				9		No			
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue										
						Yes	No			
105	Did the organization have local chapters, branches, or affiliates?				102		No			

-	bld the organization make any significant changes to its governing documents since the prior rolling 350 was			110
5	60° organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Νo
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni		e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а				
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	The organization's CEO, Executive Director, or top management official	15a 15b	Yes	

9	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 O	9		Νo
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL,AK,AZ,AR,CA,CO,CT,DC,F KS,KY,LA,ME,MD,MA,MI,MN,MNJ,NM,NY,NC,ND,OH,OK,OR,F	1S, M	Ο,ΝV,	NΗ,

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 apply.

✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 8033 SUNSET BOULEVARD 864 LOS ANGELES, CA 90046 (866) 632-6446

Form 990 (2024)

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. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A) Name and title	(B) Average hours per week (list	Posi	(C) ition (do not check more nless person is both an director/truste	e tha	an o	ne bo	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 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) LEAH GARCES CHIEF EXECUTIVE OFFICER	40.00			х				195,079	0	7,282		
(2) SHAHID MAQSOOD CHIEF FINANCIAL OFFICER	40.00					Х		194,388	0	7,014		
(3) JODI MEDOFF CHIEF OPERATING OFFICER, CHIEF LEGAL OFFICER,	40.00				Х			173,318	0	6,786		
SECR (4) KELCEY MEADOWS-LUCAS	40.00					X		175,543	0	6,924		
SENIOR PHILANTHROPY OFFICER (5) CAITLIN OATES	40.00			 		^		1/3,343	<u> </u>	0,324		
VICE PRESIDENT OF PHILANTHROPY						Х		132,054	0	29,441		
(6) CHELSIE SCHADT CO-INTERIM MANAGING DIRECTOR, US & CANADA	40.00					Х		125,920	0	11,129		
(7) PATRICK SARSFIELD GENERAL COUNSEL	40.00					Х		128,429	0	18,453		
(8) NEYSA COLIZZI BOARD CHAIR AND DIRECTOR	3.00	х		Х				0	0	0		
(9) MICHAEL PELLMAN ROWLAND TREASURER AND DIRECTOR	1.00	Х		х				0	0	0		
(10) LISA FERIA VICE CHAIR AND DIRECTOR	1.00			х				0	0	0		
(11) ALEXIS FOX DIRECTOR	1.00	Х		 				0	0	0		
(12) TYSON-LORD GRAY DIRECTOR	1.00	х		 				0	0	0		
(13) SIDDHARTH HARIHARAN DIRECTOR	1.00	х						0	0	0		
(14) ASHLEY BUGEJA VUU DIRECTOR	1.00	х						0	0	0		
(15) LIZA HEAVENER DIRECTOR	1.00	х						0	0	0		
(16) JAIME SURENKAMP DIRECTOR	1.00	х						0	0	0		
									5			

1504 CUNNINGHAM ROAD KINSTON, NC 28501

800 W OLYMPIC BLVD SUITE 220 LOS ANGELES, CA 90015

WOLFGANG PUCK CATERING AND EVENTS LLC

(A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more than one box, Reportable **Estimated** Reportable compensation hours per unless person is both an officer and a compensation amount of other week (list director/trustee) from the from related compensation organization any hours for organizations from the Individual Institutional Trustee; amptoyee lighest compensated Former (ey employee (W-2/1099-(W-2/1099related organization director organizations MISC/1099-MISC/1099and related below dotted NEC) NEC) organizations line) trustee c Total from continuation sheets to Part VII, Section A . . . 87,029 1.124.731 d Total (add lines 1b and 1c) . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 35 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . Νo Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Name and business address Description of services Compensation EVENT PRODUCTION AND PLANNING **EVENTIOUE** 811.108 234 WEST 39TH STREET NEW YORK CITY, NY 10018 CONSTRUCTION FOSTER AND FOSTER BUILDERS INC 622,767 2309 FERNBANK DRIVE CHARLOTTE, NC 28226 CONSTRUCTION CAROLINA GREENHOUSE PLANTS INC 236,608

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Form **990** (2024)

EVENT CATERING

175.305

Form Par		90 (2024) /III Stateme	ent of Revenue												Page 9
		Check if S	chedule O contains a r	espoi	nse or no	te to		y line in this Pa (A) otal revenue	R	(B) Related exemple function	or ot on	(C) Unrelate busines	SS	tax	(D) Revenue cluded from under sections 512 - 514
Contr	ib	outions, Gifts, Gra	ants, and OtherAmt Sir	nilar	Amounts	-1					1a				
								nbership dues draising events			1b 1c	269	,370		
								ated organization		-	1d				
								ernment grants (co ther contributions,			1e				
							and:	similar amounts no	t inclu	ided	1f	23,694	,054		
						g	Nonc lines	cash contributions i 1a - 1f:\$	nclude	d in	1g	110	,785		
	_						1	al. Add lines 1a	-1f .					23,96	3,424
	2	2a		В	usiness (Code									
ne		·													
even		b													
e B		с													
ervic				_										+	
am 8		d		_										_	
Program Service Revenue		е													
Δ.		f All other progr	ram service revenue.												
		9 Total. Add lin	ies 2a-2f												
			3 Investment income other	e (ind	cluding di	vider	nds,	interest, and		3	301,338				301,338
			49imilareafrounitales	tmer	nt of tax-	exem	pt b	oond proceeds	[
			5 Royalties	 	(i) R		<u>.</u>	(ii) Persona							
	6a Gross rents 6			6a	(1)	· ·		(II) I CISCIII							
			6b												
			expenses • Rental income or	6с											
			(loss) d Net rental incom	e or	(loss).										
			72 (- -	(i) Sec	uritie	es	(ii) Other							
			7a Gross amount from sales of	7a	10,857,5		583								
•		assets other than inventory							_						
Other Revenue			b Less: cost or other basis and	7b	10	,565,	643								
Rev			sales expenses c Gain or (loss)	7c		291,	940		-						
her			d Net gain or (loss	5) .						2	291,940				291,940
Đ			8a Gross income from fu (not including \$		sing events 269,370 of	f									
			contributions reported See Part IV, line 18	d on li	ne 1c).			67,3	42						
			b Less: direct expe			-	Ba Bb	1,325,1							
			c Net income or (lo	ss) f	rom fundı	aisin	ıg e	vents		-1,2	257,801				-1,257,801
			9a Gross income fro	m ga	ming										
			activities. See Part IV, line I b Less: direct expe	19 .		-	9a								
			c Net income or (lo				9b ctivi	ities							
			10.0		1										
			10a Gross sales of inv returns and allow			1	0a	68,2	97						
			b Less: cost of goo				0 b	37,5	82		30,715	30,715			
			c Net income or (lo	ss) f	rom sales	of ir	nver	ntory Business Cod	e		30,713	30,713			
			11a MISCELLANEO	US I	NCOME		ľ	9000			15,047	15,047			
			Ь												
Oth	er	RevenueMiscAm	t c				\dashv								
			d All other revenue				7								
			e Total. Add lines				•				15,047				
			12 Total revenue. Se	ee ins	structions		•			23,3	344,663	45,762		0	-664,523

Form 990 (2024)				Page 10
Part IX Statement of Functional Expenses				-
Section 501(c)(3) and 501(c)(4) organizations mu	st complete all colur	mns. All other orga	nizations must com	plete column (A).
Check if Schedule O contains a response or note to	any line in this Par	t IX		[
Do not include amounts reported on lines 6b, 7b, 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	232,800	232,800		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	6,785,715	6,785,715		
4 Benefits paid to or for members				
	1	ı	İ	İ
5 Compensation of current officers, directors, trustees, and key employees	403,763	276,336	64,117	63,310
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				

240,014

1,177,643

808,213

239,408

88,592

47,271

1,426,577

378,228

250,161

978,122

26,637

432,198

77,751

172,124

141,259

101,405

87,209

77,688

74,784

56,555

23,908,480

7 Other salaries and wages . . .

9 Other employee benefits . .

11 Fees for services (non-employees):

12 Advertising and promotion . . .

a Management . . .

c Accounting . . .

13 Office expenses . .

16 Occupancy . . .

20 Interest

23 Insurance .

b BANK FEES

d SUPPLIES

c STAFF DEVELOPMENT

e All other expenses

Royalties . .

Information technology

Travel

federal, state, or local public officials .

Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

line 24e expenses on Schedule O.) a PROVISION FOR UNCOLLECT

. . . .

10 Payroll taxes .

b Legal . .

d Lobbying .

O)

19

8 Pension plan accruals and contributions (include section

e Professional fundraising services. See Part IV, line 17

f Investment management fees

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule

Payments of travel or entertainment expenses for any

24 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

25 Total functional expenses. Add lines 1 through 24e

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).

401(k) and 403(b) employer contributions)

9,604,363

6,529,190

163,210

800,797

549,585

924,056

357,168

211,953

603,940

26,637

237,284

77,751

86,062

71,825

0

43,605

38,844

72,148

37,662

18,126,568

1,537,183 38,402

188,423

129,314

239,408

88,592

47,271

383,802

10,530

19,104

187,091

97,457

43,031

34,717

101,405

21,802

19,422

1,318

9,444

3,261,833

1,537,990

38,402

188,423

129,314

118,719

10,530

19,104

187,091

97,457

43,031

34,717

21,802

19,422

1,318

9,449

2,520,079

Form **990** (2024)

	n 990 art X	(2024) Balance Sheet				Page 11
1 0	art A		note to any line in this Bort IV			Г
		Check if Schedule O contains a response or i	note to any line in this Part IX .	(A)		(B)
				(A) Beginning of year		(b) End of year
	1	Cash-non-interest-bearing		3,004,053	1	1,998,621
	2	Savings and temporary cash investments		5,346,136	2	1,346,318
	3	Pledges and grants receivable, net		3,466,082	3	8,072,416
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu		5		
		under section $4958(f)(1)$), and persons described			6	
s	7	Notes and loans receivable, net			7	
ssets	8	Inventories for sale or use			8	
SS	9	Prepaid expenses and deferred charges .	🗀	942,783	9	382,173
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,550,229			
	ь	Less: accumulated depreciation	10b 304,665	547,264	10c	1,245,564
	11	Investments—publicly traded securities .		15,981,414	11	16,994,971
	12	Investments—other securities. See Part IV, li	ne 11		12	
	13	Investments—program-related. See Part IV, Ii		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	225,987	15	206,796	
	16	Total assets: Add lines 1 through 15 (must e	29,513,719	16	30,246,859	
	17	Accounts payable and accrued expenses .	1,659,055	17	1,158,929	
	18	Grants payable			18	
	19	Deferred revenue		62,500	19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t		22		
-10	23	Secured mortgages and notes payable to unre	·		22	
			· —		24	
	24 25	Other liabilities (including federal income tax, parties, and other liabilities not included on li Complete Part X of Schedule D	payables to related third	91,927	25	84,651
	26	Total liabilities. Add lines 17 through 25 .		1,813,482	26	1,243,580
5		Organizations that follow FASB ASC 958, che				
Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		22,360,795	27	18,214,791
d Ba	28	Net assets with donor restrictions	 	5,339,442	28	10,788,488
Fund		Organizations that do not follow FASB ASC 9	58, check here ▶ ☐ and			
Assets or F	29	complete lines 29 through 33. Capital stock or trust principal, or current fun			29	
ets	30	Paid-in or capital surplus, or land, building or	equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated i	ncome, or other funds		31	
Net	32	Total net assets or fund balances		27,700,237	32	29,003,279
Z	33	Total liabilities and het assets/fund balances		29,513,719	33	30,246,859

a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b 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 If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O.

Yes

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

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2024)

Form 990 (2024)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	on:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

MERCY FOR ANIMALS INC

SCHEDULE A

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Publinspection

OMB No. 1545-0047

open to P
Inspect
Employer identification number

Schedule A (Form 990) 2024

							154-20/6145	
	rt I	Reason for Publi						ns.
The o	organiz	zation is not a private fo	oundation beca	use it is: (For lines 1	through 12, che	eck only one bo	ox.)	
1		A church, convention	of churches, or	association of church	hes 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 s	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city,		rated in conjunction w	vith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii). Enter the
5		An organization operat		-	versity owned o	r operated by a	a governmental unit d	escribed in section
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		university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
11		An organization organi	ized and operat	ted exclusively to test	for public safe	ty. See section	509(a)(4).	
12		An organization organione or more publicly s the box on lines 12a th	upported orgar	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	n(s) the power	to regularly appoint o	r elect a majorit			, , , ,
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the				
c		Type III functionally is supported organization	ntegrated. A s	upporting organizatio	•			rated with, its
d		Type III non-functions not functionally integral (see instructions). You	ated. The orgai	nization generally mu	st satisfy a disti	ribution require		` '
e		Check this box if the o integrated, or Type III	-				s a Type I, Type II, T	ype III functionally
f	Enter	the number of support	ed organizatior	ns			<u> </u>	
g		Provide the following in					1	I
	(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see	(iv) Is the of listed in you docur	-	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				instructions))	Yes	No		
Tata							I	İ

Cat. No. 11285F

Gross income from interest, dividends, payments received on securities loans, rents, royalties

Net income from unrelated business activities, whether or not the business is regularly carried 10 Other income. Do not include gain

and income from similar sources

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

.

.

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

Section A. Public Support Calendar year (a) 2020 **(b)** 2021 (d) 2023 (c) 2022 (e) 2024 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and 12,174,988 17,626,828 28,845,377 9,484,043 23,694,054 91,825,290 membership fees received. (Do not 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... 12,174,988 17,626,828 28,845,377 9,484,043 23,694,054 91,825,290

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column

15,882,112 **Public support.** Subtract line 5 from line 4. Section B. Total Support

(a) 2020 **(b)** 2021 (c) 2022 (d) 2023 **(e)** 2024 (f) Total

12,174,988 9,484,043 91,825,290 17,626,828 28,845,377 23,694,054 Amounts from line 4. .

75,943,178

276,351

60,000

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-2024. 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—2023. 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-2024. 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—2023. 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

320,577

57,464

269,647

301,338

15,047

12

14

15

1,381,636

135,456

93,342,382

30,715

81.360 %

91.740 %

Schedule A (Form 990) 2024

Calendar year (or fiscal year beginning in)

213,723

2,945

Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2023 Schedule A, Part II, line 14

Section C. Computation of Public Support Percentage

P	art IIII Support Schedule 1						
	(Complete only if you II. If the organization						alify under Part
S	ection A. Public Support	Talls to qualify	y under the te	ests listed belo	w, please com	piete Part II.)	
	endar year	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
-	fiscal year beginning in)	(a) 2020	(b) 2021	(6) 2022	(u) 2023	(e) 2024	(1) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
4	 Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
_	The section of the se						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
h	persons Amounts included on lines 2 and 3						
-	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support	1	T				1
	endar year fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
-	Amounts from line 6						
.0a							
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar courses						
	and income from similar sources						
b							
b	 Unrelated business taxable income (less section 511 taxes) from						
b	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
b c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.						
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on						
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .						
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c,						
c 11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.).	the organization'	s first, second.	third, fourth, or	fifth tax year as	a section 501(c)(3) organization.
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c,	-			•	. , .	
c 11 12 13	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for				•	. , .	
11 12 13 14 Se	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here	ic Support P	ercentage				
c 11 12 13 14 Se 15	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.) . First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pub	lic Support P	ercentage f) divided by lir	e 13, column (f))		
c 11 12 13 14 Se 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here. ection C. Computation of Pub Public support percentage from 2024 public support percentage from 2024 ection D. Computation of Inve	lic Support P (line 8, column (3 Schedule A, P estment Inco	ercentage f) divided by lir art III, line 15 me Percent	e 13, column (f))	15 16	
c 11 12 13 14 Se 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here. ection C. Computation of Pub Public support percentage for 2024 Public support percentage from 202 ection D. Computation of Inve	lic Support P Cline 8, column (23 Schedule A, P estment Inco 2024 (line 10c, co	ercentage f) divided by lir art III, line 15 me Percent blumn (f) divide	ie 13, column (f))	15 16	
c 111 12 13 14 Si 15 16 Si 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here. ection C. Computation of Pub Public support percentage for 2024 Public support percentage from 2024 Ection D. Computation of Investment income percentage from 2021	lic Support P Cline 8, column (23 Schedule A, P estment Inco 2024 (line 10c, co a 2023 Schedule	ercentage f) divided by lir art III, line 15 me Percent blumn (f) divide A, Part III, line	ie 13, column (f)	umn (f))		· · · · · · · · · · · · · · · · · · ·
c 111 12 13 14 Si 15 16 Si 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here. ection C. Computation of Pub Public support percentage for 2024 Public support percentage from 202 ection D. Computation of Inventional Public Support percentage from 202 Investment income percentage from 33 1/3% support tests-2024. If the computation of 1 the computat	lic Support P line 8, column (33 Schedule A, P estment Inco 2024 (line 10c, co a 2023 Schedule organization did o	ercentage f) divided by lir art III, line 15 me Percent blumn (f) divide A, Part III, line not check the b	ie 13, column (f)	umn (f))		d line 17 is not
c 11 12 13 14 <u>So</u> 15 16 <u>So</u> 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for check this box and stop here. ection C. Computation of Pub Public support percentage for 2024 Public support percentage from 2024 Ection D. Computation of Investment income percentage from 2021	lic Support P Cline 8, column (23 Schedule A, P estment Inco 2024 (line 10c, co 2023 Schedule organization did in nd stop here. Th	ercentage f) divided by linart III, line 15 me Percent plumn (f) divide A, Part III, line not check the be e organization	te 13, column (f) tage d by line 13, cole 17 ox on line 14, ar qualifies as a pu	umn (f))		id line 17 is not

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

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990) 2024

Page 4

(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

Section A. All Supporting Organizations

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

3b and 3c below.

made the determination.

Part IV Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under			

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).

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

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

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

or supervised by or in connection with its supported organizations.

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

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

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

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

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

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

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

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

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

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

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

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

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

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

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

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

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

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.

Supporting Organizations (continued)

Page 5

11 Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c				
	below, the governing body of a supported organization?	11a			
b	A family member of a person described on 11a above?	11b			
С		11c			
S	Part VI. ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)				
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization.				
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			
S	ection of Type III Supporting Organizations	,			
	, , , , , , , , , , , , , , , , , , ,		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	ectivn E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):		
	The organization satisfied the Activities Test. Complete line 2 below.				
	b The organization is the parent of each of its supported organizations. Complete line 3 below.				
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a			
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				

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.

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

1 Net short-term capital gain

Section A - Adjusted Net Income

Section C - Distributable Amount

Enter 85% of line 1

Enter greater of line 2 or line 3 Income tax imposed in prior year

3

Adjusted net income for prior year (from Section A, line 8, Column A)

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

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

Recoveries of prior-year distributions

(A) Prior Year

1 2

1

2

3 4 Page **6**

(B) Current Year

(optional)

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

excess of income from activity

4 Amounts paid to acquire exempt-use assets

7 Total annual distributions. Add lines 1 through 6.

details in Part VI). See instructions

10 Line 8 amount divided by Line 9 amount

See instructions.

instructions)

See instructions.

a Excess from 2020. **b** Excess from 2021. . . . c Excess from 2022. . . **d** Excess from 2023. . . . e Excess from 2024.

3j and 4c. 8 Breakdown of line 7:

a From 2019. **b** From 2020. . . <u>. . .</u> . **c** From 2021. **d** From 2022. **e** From 2023. f Total of lines 3a through e

6 Other distributions (describe in Part VI). See instructions

Distributable amount for 2024 from Section C, line 6

Section E - Distribution Allocations

(see instructions)

1 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024

3 Excess distributions carryover, if any, to 2024:

g Applied to underdistributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see

a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in ${\it Part~VI}$

6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2025. Add lines

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7:

(reasonable cause required -- explain in Part VI

organizations, in

(provide

1 Amounts paid to supported organizations to accomplish exempt purposes

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

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

8 Distributions to attentive supported organizations to which the organization is responsive

(i)

Excess Distributions

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

ting	(continued)			
		Current Year		
	1			

2

4

5 6

7

10

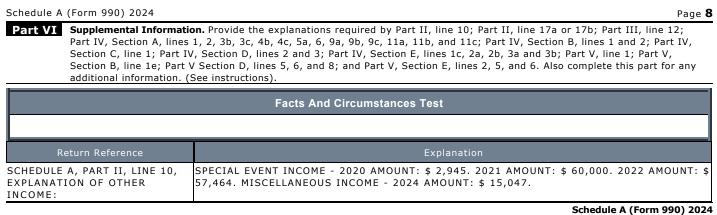
(ii)

Underdistributions

Pre-2024

(iii) Distributable Amount for 2024

Schedule A (Form 990) (2024)



Schedule B	Schedule of Contributors		OMB No. 1545-0047			
(Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.					
Name of the organization		Employer id	entification number			
Organization type (che		54-207614	.5			
	,					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	☐ 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3) taxable private foundation					
General Rule For an organiza	or (10) organization can check boxes for both the General Rule and a Spation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to from any one contributor. Complete Parts I and II. See instructions for determining a contributor.	otaling \$5,000	or more (in money or			
Special Rules						
under sections 5 received from ar	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% suppoing(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II by one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) or (ii) Form 990-EZ, line 1. Complete Parts I and II.	, line 13, 16a	, or 16b, and that			
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, 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. It 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 religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ, or 990-PF), but	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of it art I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 99	s Form 990-E				
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions Cat. No. 30613X 90-PF.	Schedule I	B (Form 990) (Rev. 1-2025			

Name of organization MERCY FOR ANIMAL	S INC	Employer id 54-207614	entification number 5
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional 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 contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

ore than \$1,000 for the year from	any one contributor. Complete column total of exclusively religious, charitable, tions.)	Employer identification number 54-2076145 bed in section 501(c) (7), (8), or (10) that ns (a) through (e) and the following line entry., etc., contributions of \$1,000 or less for the (d) Description of how gift is held
nore than \$1,000 for the year from a anizations completing Part III, enter the inter this information once. See instruc- plicate copies of Part III if additional spa	any one contributor. Complete column total of exclusively religious, charitable tions.) \$ace is needed.	bed in section 501(c) (7), (8), or (10) that ns (a) through (e) and the following line entry., etc., contributions of \$1,000 or less for the
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, and ZI	P 4 Relation	onship of transferor to transferee
(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relatio	onship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and Zl	(e) Transfer of gift P 4 Relation	onship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and Zl	(e) Transfer of gift P 4 Relatio	onship of transferor to transferee
	Transferee's name, address, and ZI (b) Purpose of gift Transferee's name, address, and ZI (b) Purpose of gift	(e) Transfer of gift Relation (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (d) Transfer of gift (e) Transfer of gift

SCHEDULE C (Form 990)

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

• 5	Section 501(c)(3) organization	ns: Complete Parts I-A and B. Do ection 501(c)(3)) organizations: 0	ine 3, or Form 990-EZ, Part V, o not complete Part I-C. Complete Parts I-A and C below. D	·	,
If th • • If th line	e organization answered Section 501(c)(3) organization Section 501(c)(3) organization e organization answered 35c (Proxy Tax) (see sep	"Yes" on Form 990, Part IV, I ons that have filed Form 5768 (el- ons that have NOT filed Form 576 "Yes" on Form 990, Part IV, I	Line 4, or Form 990-EZ, Part VI, ection under section 501(h)): Com 68 (election under section 501(h)): Line 5 (Proxy Tax) (see separa	plete Part II-A. Do not co Complete Part II-B. Do r	omplete Part II-B. not complete Part II-A.
Na ME	me of the organization RCY FOR ANIMALS INC			Employer identi	fication number
Par	t I-A Complete if th	e organization is exemp	t under section 501(c) or	is a section 527	organization.
1	definition of "political can	mpaign activities."	lirect political campaign activities		ctions for
2 3			nsstructions		'
			t under section 501(c)(3)		
1 2 3 4a	Enter the amount of any of Enter the amount of any of If the organization incurred	excise tax incurred by the orga excise tax incurred by organiza ed a section 4955 tax, did it file	nization under section 4955 tion managers under section 495 e Form 4720 for this year?	\$5\$	Yes No
b	If "Yes," describe in Part			===	() (0)
	-		t under section 501(c), e		
1 2	Enter the amount of the f	filing organization's funds contri	ation for section 527 exempt fun	section 527	·
3	Total exempt function exp	penditures. Add lines 1 and 2.	Enter here and on Form 1120-PO	L, line 17b	
4	Did the filing organization	file Form 1120-POL for this yea	ar?		Yes No
5	organization made payme amount of political contril	ents. For each organization listed butions received that were pron	number (EIN) of all section 527 d, enter the amount paid from the nptly and directly delivered to a s e (PAC). If additional space is nee	e filing organization's fu separate political organ	inds. Also enter the ization, such as a
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	political contributions
1					
2					
3					
4					
5					
6 For I	Panerwork Peduction Act Not	ice, see the instructions for Form	990	F0004C	- tul- 0 (F 000) 207
	apa. Horn neadelion Act NOL	,	cat. No	. 50084S Scho	edule C (Form 990) 2024

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2021

804,225

49,231

201,056

23,253

(b) 2022

877,846

255,673

219,462

187,474

(c) 2023

1,000,000

250,356

250,000

82,574

(d) 2024

1,000,000

268,789

250,000

102,509

Schedule C (Form 990) 2024

(e) Total

3,682,071

5,523,107

824,049

920,518

1.380.777

395,810

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

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

Total lobbying expenditures

Grassroots ceiling amount

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

Grassroots lobbying expenditures

Grassroots nontaxable amount

Lobbying ceiling amount

Page 3

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		Yes	No	Amount	
1	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?				

Durin 1 leaisl. throu Volur Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a 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). Yes

Were substantially all (90% or more) dues received nondeductible by members? 1 2

No Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 1

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

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

2a Current year Carryover from last year 2b 2c

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and 4

political expenditure next year? Taxable amount of lobbying and political expenditures. See Instructions 5

Supplemental Information

2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional 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

Return Reference Explanation

filed Form 5768 (election under section 501(h)).

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Rev. January 2025)

Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

	me of the organization RCY FOR ANIMALS INC				Emp	oloyer identification number
						2076145
Pa	organizations Maintaining Donor	Advised Funds	or Ot	her Similar Fu	unds	or Accounts.
	Complete if the organization answered		990, Pa or advise			(b) Funds and other accounts
1	Total number at end of year	(4) 23	0. 441.0			(2)
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 organization's					
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor advis	sor, or fo	or any other purpo	se cor	nferring
Pa	Complete if the organization answered					
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., recreat	cion or education)	ΓР	reservation of an	histor	rically important land area
	Protection of natural habitat		ΓР	reservation of a	certifie	ed historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	eld a qualified cons	servation	contribution in t	he fori	m of a conservation
_	easement on the last day of the tax year.					Held at the End of the Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easement	S			2b	
c	Number of conservation easements on a certified hi	storic structure in	icluded ii	n (a)	2c	
d	Number of conservation easements included in (c) a historic structure listed in the National Register	acquired after July		• •	2d	
3	Number of conservation easements modified, transf	erred, released, e	xtinguish	ned, or terminated	d by th	ne organization during the
4	Number of states where property subject to conser	vation easement i	is located	d >		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ea		_		_	f Yes No
6	Staff and volunteer hours devoted to monitoring, in year	specting, handling	g of viola	tions, and enforc	ing coı	nservation easements during the
7	Amount of expenses incurred in monitoring, inspect \$\$	ing, handling of v	iolations	, and enforcing co	onserv	ration 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 ease	f the footnote to t				
Par	t III Organizations Maintaining Collect Complete if the organization answered	"Yes" on Form	990, Pa	rt IV, line 8.		
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets be service, provide, in Part XIII, the text of the footnotes the service of the footnotes are the service of the footnotes.	neld for public exh	ibition, e	education, or rese	arch ii	n furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets helprovide the following amounts relating to these item	SB ASC 958, to rep d for public exhibi	ort in it	s revenue statem	ent an	nd balance sheet works of
((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, his following amounts required to be reported under Fo	storical treasures,	or other	similar assets fo		-
а	Revenue included on Form 990, Part VIII, line ${\bf 1}$.					> \$
b	Assets included in Form 990, Part X					. > \$
or	Paperwork Reduction Act Notice, see the Instruction					

52283D

3	Using the organization's acquisition, access											
а	collection items (check all that apply): Public exhibition			d	г	Loan	or exch	ange prog	rams			
b	Scholarly research			e								
_	_											
С	Preservation for future generations											
4	Provide a description of the organization's of Part XIII.	ollections :	and explaii	n how	they	/ furth	er the o	rganizatio	n's exempt	purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									☐ Yes	No	
Pai	rt IV Escrow and Custodial Arran. Complete if the organization and Part X, line 21.			orm 9	90,	Part :	IV, line	9, or re	ported an	amount on	Form	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 the	follow	ing t	able:			Α	mount		<u> </u>
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				_
2a	Did the organization include an amount on	Form 990,	Part X, lin	e 21,	for e	escrow	or custo	odial acco	unt liability?	Yes	No	
	 If "Yes," explain the arrangement in Part X	III Check	hara if tha	evnla	nati	on hac	haan n	rovided in	Dart VIII	Г		
D De	rt V Endowment Funds.		nere ii tile	ехріа	illati	OII IIas	b been p	i ovided iii	rait XIII			
Fε	Complete if the organization and	swered "Y	es" on Fo	orm 9	90,	Part 1	IV, line	10.				
	·	(a) Curre			Prior				(d) Three ye	ars back (e)	our yea	ars back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships					ĺ						
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rrent year (end balanc	e (line	e 1g,	colum	nn (a)) h	neld as:				
а	Board designated or quasi-endowment											
b	Permanent endowment											
c	Term endowment											
	The percentages on lines 2a, 2b, and 2c sh											
3a	Are there endowment funds not in the posse organization by:	ession of th	ne organiza	ation t	hat a	are hel	ld and a	dministere	d for the		Yes	No
	(i) Unrelated organizations									3a(i)	165	140
	(ii) Related organizations									3a(ii)		
b	If "Yes" on 3a(ii), are the related organizat	ions listed	as require	d on S	Sche	dule R	?			3b		
4	Describe in Part XIII the intended uses of t	he organiz	ation's end	dowme	ent f	unds.						
	rt VI Land, Buildings, and Equipm											
	Complete if the organization and	swered "Y										
	Description of property (a) Cost or oth (investme		(b) Cost of	r other	basis	(other)	(c) Ac	ccumulated o	depreciation	(d) Bo	ok valu	e
1a	Land											
	Buildings											
	Leasehold improvements				1,	045,363	3		83,983			961,380
	Equipment					398,966	6		217,297			181,669
	Other	-				105,900	0		3,385			102,515

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

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) (Rev. 1-2025) Recoveries of prior year grants . . . Other (Describe in Part XIII.)

Add lines 2a through 2d

Other (Describe in Part XIII.)

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

Donated services and use of facilities

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1 .

Add lines 4a and 4b . .

Supplemental Information

Subtract line 2e from line 1 .

c

3

1

2

d

Part XIII

PART X, LINE 2:

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS:

ADJUSTMENTS:

	•	, ,						
Part XI	Recon	ciliation	of Revenue	per Audited	Financial	Statements	With Revenue per	
	Returr	۱.						

Return.	•
Complete if the organization anguered 'Voc' on Form 000 Part IV line 122	

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

Net unrealized gains (losses) on investments 2a 1,866,859

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

Total expenses and losses per audited financial statements . . .

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

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

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

APPROVED EXTENSIONS).

SPECIAL EVENTS EXPENSE 1,208,753.

SPECIAL EVENTS EXPENSE 1,208,753.

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

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

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

- 2
- Total revenue, gains, and other support per audited financial statements . . .

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

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

2c

2d

4a

4b

2a 2h

2c

2d

4a

4b

AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2024 AND 2023 THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING

FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION HAS FILED ITS FEDERAL INFORMATION RETURNS FOR PERIODS THROUGH DECEMBER 31, 2023. THESE INCOME TAX RETURNS ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE LATER OF THE DATE THE RETURN WAS FILED OR ITS DUE DATE (INCLUDING

Explanation

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE). HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE CONTEXT OF SECTION 509(A) OF THE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING

1,208,753

47,271

1,208,753

47,271

2e

3

4c

2e

- - 26,373,004
 - - 3,075,612

23,297,392

47,271

23,344,663

25,069,962

1,208,753

47,271

23,908,480

23,861,209

SCHEDULE F (Form 990)

(Rev. January 2025)

Statement of Activities Outside the United States

▶ 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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization MERCY FOR ANIMALS INC

Department of the Treasury

Employer identification number

54-2076145

1 For grantmakers. Does the o					
to award the grants or assist				· · · · · · · · ·	✓ Yes No
2 For grantmakers. Describe i assistance outside the United		rganization's p	procedures for monito	ring the use of its grant	s and other
3 Activites per Region. (The follow	ing Part I, line	3 table can be o	uplicated if additional sp	pace is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	WORK IS BEING CONDUCTED TO IMPROVE THE WELFARE OF FARMED ANIMALS AND PROMOTE PLANT- BASED FOOD CHOICES, INVESTIGATIONS ARE CONDUCTED, POLICY CHANGE IS ADVOCATED FOR AND WORK WITH INSTITUTIONS SUCH AS SCHOOLS IS BEING PERFORMED TO REDUCE THE CONSUMPTION OF ANIMAL PRODUCTS.AN EVENT WAS HELD AT MEXICO CITY'S MONUMENTO A LA REVOLUCIN IN DEFENSE OF ANIMALS WHICH INCLUDED OUTREACH WITH INFORMATION AND	4,700,000
(2) NORTH AMERICA	0	0	RECIPIENTS LOCATED IN THE REGION	ENGAGEMENT WITH THE PUBLIC. THE CANADA ANIMAL WELFARE SCORECARD IS ONE OF THE LEADING ANNUAL REPORTS RANKING MAJOR FOOD COMPANIES OPERATING IN CANADA ON THEIR ANIMAL WELFARE	1,888,87
(3) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	PROGRESS. CONDUCTING INVESTIGATIONS, POLICY CHANGE, CORPORATE OUTREACH AND PUBLIC AWARENESS CAMPAIGNS TO PROMOTE COMPASSIONATE FOOD CHOICES AND POLICIES.	196,840
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			6,785,71!
b Total from continuation sheets		Ü			3,703,71.
to Part I	0	0			(
c Totals (add lines 3a and 3b)	0				6,785,71
For Paperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat. No	. 50082W	

Part	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount	(h) Description	(i) Method of	

1	(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	4,700,000		0		
(2)			NORTH AMERICA	OPERATING EXPENSES	1,888,875	WIRE	0		
(3)			SOUTH ASIA	OPERATING EXPENSES	196,840	WIRE	0		
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)								
(11)								
(12)								
(13)								
(14)								
(15									

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

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

Schedule F (Form 990) (Rev. 1-2025)

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 ook, FMV,

Fait III can be t	Fait 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 assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

Sche	edule F (Form 990) (Rev. 1-2025)		Page 4
Par	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	V N o
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	VNo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	▼ N o
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	✓ N o
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	✓ N o

Schedule F	F (Form 990) (Rev. 1-2025	Pag	je 5
Part V	method; amounts of (accounting method)	ion required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting investments vs. expenditures per region); Part II, line 1 (accounting method); Part III; and Part III, column (c) (estimated number of recipients), as applicable. Also complete any additional information. See instructions.	
	ReturnReference	Explanation	
PART I, LI		DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO ENSURE THEY ARE CONSISTENT WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE ACCOMPANIED E GRANT AGREEMENTS THAT REQUIRE GRANTEES TO USE FUNDS IN A PERMISSIBLE MANNER TO ACHIEVE THE PURPOSE OF THEIR GOALS. SPENDING OF GRANT FUNDS A PROGRESS TOWARD OBJECTIVES ARE MONITORED BY DEPARTMENT LEADERS WITH OVERSIGHT FROM LEADERSHIP. THE BOARD OF DIRECTORS APPROVES THE AMOUNTS THE GRANTS ANNUALLY.	ND
PART I, LI		ACCRUAL BASIS	
PART I, L	INE 2	DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO ENSURE THEY ARE CONSISTENT WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE ACCOMPANIED E GRANT AGREEMENTS THAT REQUIRE GRANTEES TO USE FUNDS IN A PERMISSIBLE MANNER TO ACHIEVE THE PURPOSE OF THEIR GOALS. SPENDING OF GRANT FUNDS A PROGRESS TOWARD OBJECTIVES ARE MONITORED BY DEPARTMENT LEADERS WITH OVERSIGHT FROM LEADERSHIP. THE BOARD OF DIRECTORS APPROVES THE AMOUNTS THE GRANTS ANNUALLY.	ND
-			
			—
-			
		Schedule F (Form 990) (Rev. 1-2025)

Additional Data Software ID: Software Version:

(Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

SCHEDULE G

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

M ⊏ I	RCT FOR ANIMALS INC						54-207614	15
Pa		ctivities. Compl ers are not requi		_	zation answered "Yes this part.	" on Form	990, Part I	V, line 17.
1	Indicate whether the orga	anization raised fur	nds throu	gh any of	the following activities.	Check all th	nat apply.	
а	Mail solicitations				e Solicitation of n	on-governm	nent grants	
b	☐ Internet and email so	licitations		f Solicitation of g	overnment	grants		
c	Phone solicitations				g Special fundrais	ing events		
d	In-person solicitation	ıs						
2a b	Did the organization have or key employees listed i services? If Yes, list the 10 highe to be compensated at lea	in Form 990, Part \ est paid individuals	/II) or en or entitie	tity in co s (fundra	nnection with profession	al fundraisi	ng T	es No
((i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust con	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or ret fundraise	unt paid to ained by) er listed in II. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
L 0								
Γot	al			.▶				
	List all states in which the registration or licensing.	organization is reg	istered o	r licensed	to solicit contributions	or has been	notified it is	exempt from

Cat. No. 50083H

Schedule G (Form 990) (Rev. 1-2025)

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

(a) Event #1

(b) Event #2

(c) Other events

(add col. (a) through

			GALA			col. (c)
le			(event type)	(event type)	(total number)	
Revenue						
Rev	1	Gross receipts	336,712			336,712
		Less: Contributions	269,370			269,370
	3	Gross income (line 1 minus line 2)	67,342			67,342
	4	Cash prizes				
	5	Noncash prizes				
Ses	6	Rent/facility costs	781,143			781,143
Direct Expenses	7	Food and beverages	108,079			108,079
m t	8	Entertainment	8,311			8,311
Öire	9	Other direct expenses	427,610			427,610
-	10	Direct expense summary. Add lines	through 9 in column (d)		1,325,143
	11	Net income summary. Subtract line 1	10 from line 3, column (d)		-1,257,801
Pai	t I	Gaming. Complete if the or \$15,000 on Form 990-EZ, line	ganization answered	"Yes" on Form 990, P	art IV, line 19, or rep	oorted more than
Ф		\$15,000 OH FOHH \$30-LZ, III	le oa.			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Rev				bingo		
	1	Gross revenue	<u> </u>		<u> </u>	<u> </u>
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
t m		Rent/facility costs				
Öİre						
	5	Other direct expenses	Yes %	Yes %	l v v	
	_		Yes% No	Yes%_ No	Yes% No	
	6	Volunteer labor	I NO	I NO	I NO	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		,
	8	Net gaming income summary. Subtra	ct line 7 from line 1, colu	umn (d)	<u></u>	
9	Fı	nter the state(s) in which the organiz	ation conducts gaming a	ctivities:		
-	_	.,,				Пv. П.
a b		s the organization licensed to conduct "No," explain:	gaming activities in eac	ch of these states? .		Yes No
		' '				
10a	\/	/ere any of the organization's gaming				
_va	7.5	Three Heavelets		o. toacca admi	g and tax your.	169 _ NO

Sche	dule G (Form 990) (Rev. 1-2025)				Page 3
11	Does the organization conduct ga	iming activities with nonmem	nbers?		Yes No
12			or a member of a partnership or other entity		Yes No
13	Indicate the percentage of gamin	g activity conducted in:			
а	The organization's facility .			13a	%
b	An outside facility			13b	%
14	Enter the name and address of th	e person who prepares the o	organization's gaming/special events books a	and rec	cords:
	Name -				
	Address				
15a	_	· · ·	whom the organization receives gaming		Yes No
b	If "Yes," enter the amount of gam amount of gaming revenue retained		organization 🕨 \$ and	d the	
C	If "Yes," enter name and address	• •			
	Name Name				
	Address				
16	Gaming manager information:				
	Name Name				
	Gaming manager compensation	* \$			
	Description of services provided				
	•				
	Director/officer	Employee	Independent contractor		
4-7	Mandaham distributions				
17 a	Mandatory distributions:	ur state law to make charitahl	e distributions from the gaming proceeds to		
u			· · · · · · · · · · · · · · · ·		Tyes TNo
b			tributed to other exempt organizations or sp		
	in the organization's own exempt				
Par			anations required by Part I, line 2b, co , as applicable. Also provide any additi		
	instructions. Return Reference		Explanation		
			Sche	dule G	(Form 990) (Rev. 1-2025)
Ac	Iditional Data				Return to Form
		Softwar	e ID:		

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)

(Rev. January 2025)

Department of the Treasury

Internal Revenue Service

Name of the organization

MERCY FOR ANIMALS INC

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Part I General Inform	nation on Cran	ts and Assistance				34-20/6143	
				unas the grantees! el	icibility for the cuents or	and and	
Does the organization ma the selection criteria used			_			assistance, and	☐ Yes 🔽 I
Describe in Part IV the or	·						
Part II Grants and Other A			Domestic Governments. additional space is nee		inization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A WELL-FED WORLD 3936 S SEMORAN BLVD 271 ORLANDO,FL 32822	27-0865905	501(C)(3)	64,800	0			THE PEOPLE'S FUND AMPLIFYING UNDERREPRESENTE VOICES IN SUPPOR' FOR ANIMAL PROTECTION
(2) APEX ADVOCACY 3102 ROBIN ROAD DECATUR, GA 30032	86-2799787	501(C)(3)	20,000	0			THE PEOPLE'S FUND AMPLIFYING UNDERREPRESENTE VOICES IN SUPPOR FOR ANIMAL PROTECTION
(3) BETTER FOOD FOUNDATION INC 5561 NORTH ATLANTIC AVENUE PORTLAND, OR 97217	81-4537521	501(C)(3)	30,600	0			THE PEOPLE'S FUND AMPLIFYING UNDERREPRESENTE VOICES IN SUPPOR FOR ANIMAL PROTECTION
(4) BLACK VEGETARIAN SOCIETY OF MARYLAND 840 N EUTAW ST APT 2 BALTIMORE, MD 21201	81-1874876	501(C)(3)	20,600	0			THE PEOPLE'S FUND AMPLIFYING UNDERREPRESENTE VOICES IN SUPPOR FOR ANIMAL PROTECTION
(5) GRASSROOTS ARTISTS MOVEMENT 2255 FIFTH AVENUE APT 4G NEW YORK,NY 10037	34-1975159	501(C)(3)	20,600	0			THE PEOPLE'S FUND AMPLIFYING UNDERREPRESENTE VOICES IN SUPPOR' FOR ANIMAL PROTECTION
(6) LOUISIANA STATE UNIVERSITY AND A&M COLLEGE 1146 PLEASANT HALL BATON ROUGE,LA 70803	72-6000720	115	15,000	0			THE PEOPLE'S FUND AMPLIFYING UNDERREPRESENTE VOICES IN SUPPOR' FOR ANIMAL PROTECTION
(7) PLANT THE POWER 3907 E MOUND ST COLUMBUS, OH 43227	85-3120775	501(C)(3)	20,600	0			THE PEOPLE'S FUND AMPLIFYING UNDERREPRESENTE VOICES IN SUPPOR' FOR ANIMAL PROTECTION
(8) RETHINK YOUR FOOD INC 12717 W SUNRISE BLVD 131 SUNRISE,FL 33323	84-2273554	501(C)(3)	20,000	0			THE PEOPLE'S FUND AMPLIFYING UNDERREPRESENTE VOICES IN SUPPOR' FOR ANIMAL PROTECTION
(9) VEGGIE MIJAS 2108 N STREET SUITE N SACRAMENTO,CA 95816	92-2173202	501(C)(3)	20,600	0			THE PEOPLE'S FUND AMPLIFYING UNDERREPRESENTE VOICES IN SUPPOR' FOR ANIMAL PROTECTION
2 Enter total number of sec	tion 501(c)(3) and	government organizati	ons listed in the line 1 t	able			1

cash grant

recipients

Schedule I (Form 990) Rev. 1-2025

(1) (2)

(5)

(2)			
(3)			
(4)			

noncash assistance

(book, FMV, appraisal, other)

(6)

(7)

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

Explanation

Return Reference

PART I, LINE 2 DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO ENSURE THEY ARE CONSISTENT WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE ACCOMPANIED BY GRANT AGREEMENTS THAT REOUIRE 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.

Page 2

Sch	nedule J	Compensation Information						
	m 990) v. January 2025)	For certain Officers, Directors, Trustees, Key Employees, and High Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV,		OMB No. 1545				
Departr	ment of the Treasury	Attach to Form 990.	iiie 23.	Open	to Pu			
	I Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest inform	nation.	Insp	ecti			
	me of the organiz		Employer identi	fication nu	mber			
MEH	RCY FOR ANIMALS IN	C	54-2076145					
Pa	rt I Questi	ons Regarding Compensation	134-2070143					
	- Questi	one regarding compensation			Yes			
1a		piate box(es) if the organization provided any of the following to or for a person ection A, line 1a. Complete Part III to provide any relevant information regard			103			
	First-class	or charter travel Housing allowance or residence fo	or personal use					
	Travel for	companions Payments for business use of per	sonal residence					
	Tax idemni	fication and gross-up payments $oxedsymbol{oxdot}$ Health or social club dues or initia	ation fees					
	Discretion	ry spending account Personal services (e.g., maid, char	uffeur, chef)					
b		kes on Line 1a are checked, did the organization follow a written policy regarding or provision of all of the expenses described above? If "No," complete Part III		1b				
2		ation require substantiation prior to reimbursing or allowing expenses incurred bees, officers, including the CEO/Executive Director, regarding the items checke	,	2				
3	organization's (if any, of the following the filing organization used to establish the compensation EO/Executive Director. Check all that apply. Do not check any boxes for methol ad organization to establish compensation of the CEO/Executive Director, but e	ods					
	Compensa	ion committee Written employment contract						
	Independe	nt compensation consultant Compensation survey or study						
	Form 990 o	of other organizations $lacksquare$ Approval by the board or compens	sation committee					
4		, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to a related organization:	o the filing					
а	Receive a sever	ance payment or change-of-control payment?		4a				
b		r receive payment from, a supplemental nonqualified retirement plan?		4b				
С	Participate in, c	r receive payment from, an equity-based compensation arrangement?		4c				
	If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item	in Part III.					
	o I mest Mes	F04()(4) F04()(90) 1 1						
_		501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	2 2 2 2 4					
5	•	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue ontingent on the revenues of:	z any					
_	The organizatio	•		5a				
a b	3	anization?		5a 5b				

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

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

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

Cat. No. 50053T

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

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.

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

6

7

8

Νo

Nο

Νo

Νo

Νo

6a

6b

7

8

Schedule J (Form 990) (Rev. 1-2025)

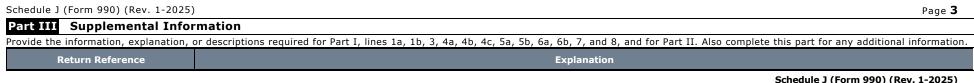
-0047

ıblic on

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

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

instructions, on row (ii). Do not list any individuals that are not listed on Note. The sum of columns (B)(i)-(iii) for each listed individual must eq				VII, Section A, line	e 1a, applicable co	olumn (D) and (E) amounts for	that individual.
(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC	C compensation,	(C) Retirement and other			(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 CHIEF EXECUTIVE OFFICER	(i)	195,079	0	0	5,834	1,448	202,361	0
	(ii)	0	0	0		0	0	0
2 SHAHID MAQSOOD CHIEF FINANCIAL OFFICER	(i)	194,388	0	0	5,821	1,193	201,402	0
	(ii)	0						 0
3 JODI MEDOFF CHIEF OPERATING OFFICER, CHIEF LEGAL	(i)	173,318	0	0	5,192	1,594	180,104	0
	(ii)	0				0	0	 0
4 KELCEY MEADOWS-LUCAS SENIOR PHILANTHROPY OFFICER	(i)	175,543	0	0	5,276	1,648	182,467	0
	(ii)	0				0	0	 0
5 CAITLIN OATES VICE PRESIDENT OF PHILANTHROPY	(i)	132,054	0	0	4,158	25,283	161,495	0
	(ii)	0	0	0		0	0	 0
						Schedu	le J (Form 990) (Rev. 1-2025)





(Form 990)

SCHEDULE M

▶ Attach to Form 990.

Noncash Contributions

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

2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

32a

Νo

	e of the organization Y FOR ANIMALS INC				Emplo	yer identificat	ion nui	nber	
					54-20	76145			
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin		(d Method of c oncash contrib	determi		nts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	Х	29	110,78	5				
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								
19	Food inventory								
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				
	8		L 1 . 26 12 .		4			Yes	No
30a	During the year, did the organizat								
	exempt purposes for the entire ho			ion, and winer ion crequit	cu to b	.c uscu ioi			
							30a		Νo
b	If "Yes," describe the arrangemen	nt in Part II.							
31	Does the organization have a gift	acceptance	policy that requires the re	eview of any nonstandard	contrib	outions?	31		Νo

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

b If "Yes," describe in Part II.

describe in Part II.

SCHEDULE O (Form 990)

Name of the organization MERCY FOR ANIMALS INC

(Rev. January 2025)

Department of the Treasury

Internal Revenue Service

PART XII, LINE 2C

Su

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

54-2076145

OMB No. 1545-0047

Open to Public

Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest informati

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

Inspection ormation.

Employer identification number

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ALL DIRECTORS OF MFA ARE EMAILED AN ELECTRONIC COPY OF THE FORM 990 WITH ITS RELATED STATEMENTS AND SCHEDULES PRIOR TO SUBMITTING IT TO THE IRS. THEIR COMMENTS AND QUESTIONS REGARDING THE FORM 990 ARE ENCOURAGED.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH EDUCATING THE DIRECTORS AND COVERED EMPLOYEES ABOUT THE CONTENT OF THE POLICY AND THEIR ONGOING OBLIGATION TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST TO THE GENERAL COUNSEL, AS 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, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS DECIDED AND DOCUMENTED BY THE INDEPENDENT BOARD, BASED ON INPUT FROM THE PEOPLE OPERATIONS DEPARTMENT AND INDEPENDENT COMPARABILITY DATA. COMPENSATION FOR THE OTHER OFFICERS AND SENIOR LEADERSHIP TEAM IS DECIDED AND DOCUMENTED BY THE CHIEF EXECUTIVE OFFICER IN CONSULTATION WITH THE PEOPLE OPERATIONS DEPARTMENT AND BASED ON INDEPENDENT COMPARABILITY DATA.
FORM 990, PART VI, SECTION C, LINE 18	FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. FORM 1023 IS AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19	TO THE EXTENT GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS, AND CONSTITUTION), CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL OR STATE PUBLIC 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 INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.
FORM 990,	THE METHOD DID NOT CHANGE FROM THE PRIOR YEAR.

SCHEDULE R (Form 990) (Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization MERCY FOR ANIMALS INC

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

OMB No. 1545-0047

Employer identification number

54-2076145

Open to Public Inspection

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
) MFA TRANSFARMATION PROJECT LLC 33 SUNSET BLVD S ANGELES, CA 90046 -1760801	ADVANCE THE MISSION OF MERCY FOR ANIMALS, INC.	DE	0	1,171,623	MERCY FOR ANIMALS INC		
The Identification of Polated Tay Evenut Overningtic	To Complete if the	augustion and	ward "Vac" on F	ours 000 Port IV	line 24 because it had	Lana	
Part II Identification of Related Tax-Exempt Organization	ns. Comblete il the	organization ansv	vered res on r	0mm 990. Pam IV	. Ilne 34 because il nao	one	
or more related tax-exempt organizations during the tax	k year.	o. gaac.o ao.		o 550, 1 d. c 1 v	, 5 . 5000050		
or more related tax-exempt organizations during the tax (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) Is Direct controlling	(g Sect 512(b contro entit	tion)(13 olled ty?
or more related tax-exempt organizations during the tax (a)	(b)	(c) Legal domicile (state	(d)	(e) Public charity statu	(f) Is Direct controlling	(g Sect 512(b contro	tion)(13 olled ty?
or more related tax-exempt organizations during the tax (a)	(b)	(c) Legal domicile (state	(d)	(e) Public charity statu	(f) Is Direct controlling	(g Sect 512(b contro entit	tion)(13 olled ty?
or more related tax-exempt organizations during the tax (a)	(b)	(c) Legal domicile (state	(d)	(e) Public charity statu	(f) Is Direct controlling	(g Sect 512(b contro entit	tion)(13 olled ty?
or more related tax-exempt organizations during the tax (a)	(b)	(c) Legal domicile (state	(d)	(e) Public charity statu	(f) Is Direct controlling	(g Sect 512(b contro entit	tion)(13 olled ty?
or more related tax-exempt organizations during the tax (a)	(b)	(c) Legal domicile (state	(d)	(e) Public charity statu	(f) Is Direct controlling	(g Sect 512(b contro entit	tion)(13 olled ty?

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	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gene man part	(j) eral or naging tner?	(k) Percentage ownership
	<u> </u>		<u> </u>				Yes	No		Yes	No	
		!										
Part IV Identification of Related Organizations 34 because it had one or more related organizations								answered	I "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 controlle	i) 12(b)(13) d entity?
		(state or foreign country)		corp, or trust)		assets		Yes	No
						S	chedule R (Form 9	990) (Rev.	1-2025)

Schedule R (Form 990) (Rev. 1-2025)				F	Page 3
Part V Transactions With Related Organizations. Complete if the organization answere	ed "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.				Ye	s No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations l	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		
$f b$ Gift, grant, or capital contribution to related organization(s) \dots \dots \dots \dots \dots \dots \dots \dots			1b		
${f c}$ Gift, grant, or capital contribution from related organization(s)			10	:	
d Loans or loan guarantees to or for related organization(s) $\dots \dots \dots \dots \dots \dots$			1d		
$f e$ Loans or loan guarantees by related organization(s) $\dots \dots \dots \dots \dots \dots \dots$			1e		
${f f}$ Dividends from related organization(s)			11		
g Sale of assets to related organization(s)			1g		
f h Purchase of assets from related organization(s)			1h		
i Exchange of assets with related organization(s)			11		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s) \cdot · · · · · · · · · · · · · · · · · · ·			1j		
${f k}$ Lease of facilities, equipment, or other assets from related organization(s) \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot					
l Performance of services or membership or fundraising solicitations for related organization(s)			11		
$f m$ Performance of services or membership or fundraising solicitations by related organization(s) \cdot \cdot \cdot			<u>1</u> n	1	
$f n$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) \cdot \cdot \cdot					
o Sharing of paid employees with related organization(s) \cdots \cdots \cdots \cdots \cdots \cdots \cdots \cdots \cdots \cdots					
p Reimbursement paid to related organization(s) for expenses · · · · · · · · · · · · · · · · · ·				_	
q Reimbursement paid by related organization(s) for expenses · · · · · · · · · · · · · · · · · ·			<u>1</u> q		
			4		
r Other transfer of cash or property to related organization(s) · · · · · · · · · · · · · · · · · · ·				_	
s Other transfer of cash or property from related organization(s)					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t			(d)		
(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of determining amount	invol	ved
	type (a-s)				

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 organ	ment partne (e) Il partners ection L(c)(3) nizations?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropr allocat	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) Gener mana partr	aging	(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
	<u> </u>				<u> </u>					Schedule R	(Form 9	90) (Rev	1-2025)

