** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2022 calendar year, or tax year beginning	and	l ending						
	Check if pplicabl	C Name of organization			D Employer identif	ication number				
	Addre	MERCY FOR ANIMALS, INC.								
F	Name chang				54-2076145	;				
F	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numb	er				
F	Final return	8033 SINSET BLVD	,	864	(866) 632-6446					
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	37,185,586.				
	Amen		3 1		H(a) Is this a group return					
	Application	F Name and address of principal officer: LEAH	GARCES		for subordinate					
	pendir	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No				
1.1	Гах-ех	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions				
J١	Nebsi	e: WWW.MERCYFORANIMALS.ORG			H(c) Group exempti	on number				
KF	orm of	organization: X Corporation Trust As	sociation Other	L Year	of formation: 2002	M State of legal domicile: DE				
Pa	art I	Summary								
4	1	Briefly describe the organization's mission or most	significant activities: TO END	INDUSTRI	AL ANIMAL					
Governance		AGRICULTURE BY CONSTRUCTING A JUST AND	SUSTAINABLE FOOD SYST	TEM.						
rna	2	Check this box if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its net as	ssets.				
ove	3	Number of voting members of the governing body	(Part VI, line 1a)		<u>3</u>	10				
		Number of independent voting members of the gov				10				
es &		Total number of individuals employed in calendar y				<u> </u>				
ĭŧ		Total number of volunteers (estimate if necessary)				<u> </u>				
Activities &		Total unrelated business revenue from Part VIII, co				 				
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			 				
					Prior Year	Current Year				
ē	l				17,626,828	 				
Revenue	1				0,	1				
Rev		Investment income (Part VIII, column (A), lines 3, 4,			641,847	'				
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		-46,477	+ '					
		Total revenue - add lines 8 through 11 (must equal			18,222,198	29,236,102.				
	I	Grants and similar amounts paid (Part IX, column (2,744,363.	 					
	I .	Benefits paid to or for members (Part IX, column (A			7,329,164.	_				
ses	15	Salaries, other compensation, employee benefits (F			47,000					
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			47,000	104,550.				
Exp	D	Total fundraising expenses (Part IX, column (D), line	•		2,963,963,	3,209,835.				
	1	Other expenses (Part IX, column (A), lines 11a-11d, Total expenses. Add lines 13-17 (must equal Part IX			13,084,490	<u> </u>				
		Revenue less expenses. Subtract line 18 from line			5,137,708.					
		nevertue less expenses. Subtract line 10 from line	12	Be	ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)			27,760,277.	 				
ASS	21	T-4-1 ('-1-10) (D-4 V 1' 00)			660,279.					
Net	22	Net assets or fund balances. Subtract line 21 from			27,099,998.					
Pa	art II	Signature Block			, ,	, ,				
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of m	ny knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.					
Sig	n	Signature of officer			Date					
Her	е	LEAH GARCES, PRESIDENT								
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	I	Date Check	PTIN				
Paid	I	TAMAR PLOTZKER			self-empl	•				
Prep	arer	Firm's name MAZARS USA LLP			Firm's EIN	13-1459550				
Use	Only	Firm's address 135 WEST 50TH STREET								
		NEW YORK, NY 10020-0002			Phone no. (2	12) 812-7000				
May	the IF	RS discuss this return with the preparer shown above	ve? See instructions			X Yes No				

54-2076145

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>
1	Briefly describe the organization's mission:	
	MERCY FOR ANIMALS' MISSION IS TO CONSTRUCT A COMPASSIONATE FOOD SYSTEM	
	THAT IS NOT JUST KIND TO ANIMALS BUT ESSENTIAL FOR THE FUTURE OF OUR	
	PLANET AND ALL WHO SHARE IT. OUR VISION OF A WORLD WHERE ANIMALS ARE	
	RESPECTED, PROTECTED, AND FREE DRIVES THE WORK WE DO EVERY DAY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$2,486,045. including grants of \$87,992.) (Revenue \$	_
4a	PUBLIC ENGAGEMENT:	_)
	IN 2022, MERCY FOR ANIMALS' PUBLIC ENGAGEMENT DEPARTMENT REACHED	_
	MILLIONS WITH MESSAGES OF COMPASSION FOR FARMED ANIMALS AND ENCOURAGED	_
	COMPASSIONATE DIET CHANGE THROUGH PLANT-BASED EATING. WE HARNESSED THE	_
	POWER OF SOCIAL MEDIA, VIDEO CONTENT, TRADITIONAL MEDIA, AND CELEBRITY	_
	PARTNERSHIPS, ALL IN SUPPORT OF OUR CAMPAIGNS TO INCREASE LEGAL	_
	PROTECTIONS AND CORPORATE POLICIES FOR FARMED ANIMALS. THE SOCIAL MEDIA	_
	TEAM GARNERED 19 MILLION ONLINE VIDEO VIEWS, 110 MILLION IMPRESSIONS,	_
	AND NEARLY 1.5 MILLION CHOOSEVEG AND MERCY FOR ANIMALS BLOG VIEWS. OUR	_
	PUBLIC ENGAGEMENT DEPARTMENT ALSO SECURED MEDIA COVERAGE FROM THE NEW	
	YORK TIMES, CNN, THE WASHINGTON POST, VOX, AND OTHER OUTLETS, RESULTING	
	IN OVER 450 MEDIA HITS IN 2022.	
4b	(Code:) (Expenses \$946,083. including grants of \$) (Revenue \$)
	INVESTIGATIONS:	
	IN 2022, MERCY FOR ANIMALS RELEASED FOUR INVESTIGATIONS, FIVE DRONE	
	VIDEOS, AND ONE INVESTIGATIVE DOCUMENTARY SHORT, SPANNING SEVERAL	
	COUNTRIES COMBINED. IN THE U.S., WE EXPOSED AN ALDI CHICKEN SUPPLIER,	
	PAVING THE WAY FOR OUR CAMPAIGN ASKING THE SUPERMARKET CHAIN TO MAKE	
	CHICKEN WELFARE IMPROVEMENTS. WE ALSO RELEASED HARROWING FOOTAGE OF	
	GESTATION-CRATE CRUELTY CAPTURED, JUST ONE WEEK BEFORE THE U.S. SUPREME	
	COURT HEARD ORAL ARGUMENTS IN NATIONAL PORK PRODUCERS COUNCIL V. ROSS.	
	THIS CASE THREATENED BUT FAILED TO OVERTURN CALIFORNIA'S PROP 12, ONE	
	OF THE STRONGEST FARMED ANIMAL PROTECTION LAWS. IN BRAZIL, WE UNCOVERED	
	THE HARSH REALITY FOR CHICKENS SUPPLIED TO PROCESSORS AUTHORIZED TO	
	EXPORT TO THE EUROPEAN UNION, AS WELL AS THE BRUTALITY SUFFERED BY	
4c	(Code:) (Expenses \$1,610,199. including grants of \$108,867.) (Revenue \$	_)
	THE CORPORATE ENGAGEMENT PROGRAM PLAYS A CRITICAL ROLE IN WORKING WITH	_
	MAJOR FOOD COMPANIES TO DRASTICALLY REDUCE OR ELIMINATE THE SUFFERING	_
	AND CRUEL TREATMENT OF ANIMALS IN THEIR SUPPLY CHAIN, AND TO INCREASE	_
	ADOPTION AND ACCESSIBILITY OF PLANT-BASED PRODUCTS. THIS PROGRAM	_
	CONDUCTS OUTREACH AND NEGOTIATIONS WITH FOOD COMPANY EXECUTIVES AND	_
	RUNS PUBLIC CAMPAIGNS TO ACHIEVE PROGRESS AND IMPROVED WELFARE FOR	_
	FARMED ANIMALS.	_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ 4,605,309. including grants of \$ 2,333,217.) (Revenue \$ 35,314.) Total program service expenses 9,647,636.	
	Form 990 (20)	22)

05041110 148365 76595

Form 990 (2022) MERCY FOR ANIMALS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		<u> </u>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	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	11c		x
Ч	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZa	, ,	400	х	
	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		_v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	_
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 investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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Form **990** (2022)

Form 990 (2022) MERCY FOR ANIMALS, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
	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		X
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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	—
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization required, 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	31		
OZ.	October 1 to M. Do 1 th	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2022)

Form	990 (2022) MERCY FOR ANIMALS, INC. 54-207614	5	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country CANADA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ـــــــ
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		Х
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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		+
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	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?	17	i	I

Form **990** (2022)

If "Yes," complete Form 6069.

Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL Section 6104 requires an organization to make its Forms 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 X Upon request Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SHAHID MAQSOOD - 866-632-6466

Form **990** (2022)

8033 SUNSET BLVD. STE 864 LOS ANGELES CA

90046

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	J		((C)		-	(D)	(E)	(F)
Name and title	Average	(do			ition more	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson is	s both	n an	compensation	compensation	amount of
	week		l an		II ecto	i / ti usi	(66)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	om pe		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) LEAH GARCES	40.00									
CEO AND PRESIDENT				Х				158,379.	0.	6,150.
(2) KELCEY MEADOWS-LUCAS	40.00									
SENIOR PHILANTHROPY OFFICER						Х		144,375.	0.	11,983.
(3) SUSAN LANE	40.00									
SVP OF PHILANTHROPY						Х		128,083.	0.	25,528.
(4) JODI MEDOFF	40.00									
SECRETARY / GENERAL COUNSEL				Х				120,813.	0.	5,056.
(5) JESSE MARKS	40.00									
SVP OF PROGRAMS						Х		115,440.	0.	9,514.
(6) MATTHEW SCHEER	40.00									
VP OF PUBLIC ENGAGEMENT						Х		107,599.	0.	9,991.
(7) VICTORIA WEISS	40.00									
VP OF FINANCE						Х		109,147.	0.	2,521.
(8) NEYSA COLIZZI	3.00									
BOARD CHAIR	1.00	Х		Х				0.	0.	0.
(9) LISA FERIA	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) MICHAEL PELLMAN ROWLAND	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) ASHLEY BUGEJA VUU	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DEREK COONS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ALEXIS FOX	1.00									
DIRECTOR		Х						0.	0.	0.
(14) SIDDHARTH HARIHARAN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) LIZA HEAVENER	1.00	1								
DIRECTOR		Х						0.	0.	0.
(16) TYSON-LORD GRAY	1.00	1								
DIRECTOR		Х						0.	0.	0.
(17) JAIME SURENKAMP	1.00	1								
DIRECTOR		Х						0.	0.	0.
										Earm 990 (2022)

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Pa	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)					
	(A)	(B)				C)			(D)	(E)			(F)		
	Name and title	Average	(do		Pos		ነ than	one	Reportable	Reportable		Es	stimat	ed	
		hours per	box	, unle	ss pe	rson i	is botl	h an	compensation	compensation	า	ar	nount	of	
		week		Cer ar	ia a a	recio	or/trus	iee)	from	from related			other		
		(list any hours for	recto						the	organizations			pensa		
		related	or di	99			sated		organization	(W-2/1099-MIS	C/		rom th		
		organizations	ustee	trust		96	neu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_ ~	janiza [.] d rela		
		below	dual tr	tional	١.	yoldı	st con	_	· ·				anizat		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.9	arnzat	10110	
			_	_		<u>×</u>	1 "				\dashv				
							\vdash				\dashv				
							\vdash				\dashv				
							+-				\dashv				
							-				\dashv				
				_			├	-							
							_								
							_								
1b	Subtotal								883,836.		0.		70,	743.	
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.	
	Total (add lines 1b and 1c)								883,836.		0.		70,	743.	
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable					
	compensation from the organization						•			·				10	
													Yes	No	
3	Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	r hia	nhest compensated emp	lovee on	- 1				
	line 1a? If "Yes," complete Schedule J for s											3		х	
4	For any individual listed on line 1a, is the su														
•	and related organizations greater than \$150	•							•	•		4	х		
5	Did any person listed on line 1a receive or a														
3												5		х	
Sec	rendered to the organization? If "Yes," contains B. Independent Contractors	ipiete Scriedule	9 J T	or st	icn į	oers	ion								
	·	mnonootod ind	lono		ot 0.	t = -	o o t o	بم + L	hat received more than (`100 000 of samp		tion fr			
1	Complete this table for your five highest co	•	•							•	erisai	LIOII II	OHI		
	the organization. Report compensation for	tne calendar ye	ear e	enair	ng w	ith (or wi	itnin T		ear.	—				
(A) (B) Name and business address Description of services Co)) ompe	C) peatic	'n			
TOD:		addiess						-	Description of s	OCI VICES		Jonnpe	iisaliC	/I I	
	JOBPLEX														
/1 :	S. WACKER, STE 2700, CHICAGO, IL	00000						-	RECRUTIMENT AGENCY				139,	600.	
								\dashv							
								- 1	İ						

Form **990** (2022)

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

\$100,000 of compensation from the organization

54-2076145

Form 990 (2022) MERCY FOR A
Part VIII Statement of Revenue

		Check if Schedule O contains a re	esponse d	or note to any line	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
() ()	-	a Federated campaigns	1a					
anta			1b					
ij d			1c	722,328.				
fts,				722,320.				
ig di			1d					
ns, Sim		9 \ , _F	1e					
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions, gifts, grants, and		20 122 040				
현된		•••	1f	28,123,049.				
d d		_	1g \$	119,558.	00 045 355			
<u>0</u> <u>p</u>		h Total. Add lines 1a-1f			28,845,377.			
				Business Code				
မွ	2	a						
e <u>v</u> i		b						
Sen		c						
am eve		d						
Program Service Revenue		e						
P		f All other program service revenue						
		g Total. Add lines 2a-2f						
	3							
				320,577.			320,577.	
	4							
	5	Royalties						
		(i)	Real	(ii) Personal				
	6	a Gross rents 6a		.,				
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Not rental income or (less)						
		` ' 	curities	(ii) Other				
	'		3,970.	(11) 0 11 101				
		· · · · · · · · · · · · · · · · · · ·	3,3,0.					
o l		b Less: cost or other basis	7,112.					
ğ			6,858.					
eve					246 050			246 959
her Revenue		d Net gain or (loss)			246,858.			246,858.
	8	a Gross income from fundraising events (no						
Ö		including \$ 722,328.						
		contributions reported on line 1c). See						
		Part IV, line 18		57,464.				
		b Less: direct expenses		269,488.				
		c Net income or (loss) from fundraising			-212,024.			-212,024.
	9	a Gross income from gaming activities.		l				
		Part IV, line 19						
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activ	vities					
	10	a Gross sales of inventory, less returns						
		and allowances	10a	108,198.				
		b Less: cost of goods sold	10b	72,884.				
		c Net income or (loss) from sales of inve	entory		35,314.	35,314.		
				Business Code				
Miscellaneous Revenue	11	a						
ne Due		b						
elle		с						
SC Be		d All other revenue						
Σ		e Total. Add lines 11a-11d						
	12				29,236,102.	35,314.	0.	355,411.

232009 12-13-22

Form **990** (2022)

54-2076145

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

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	220 747	220 747		
_	and domestic governments. See Part IV, line 21	339,747.	339,747.		
2	Grants and other assistance to domestic	E0 000	50 000		
_	individuals. See Part IV, line 22	50,000.	50,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2,140,329.	2,140,329.		
	individuals. See Part IV, lines 15 and 16	2,140,323.	2,140,323.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	290,398.	189,847.	51,059.	49,49
6	trustees, and key employees	250,350.	105,047.	31,033.	±, ±,
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6,975,093.	4,559,946.	1,226,384.	1,188,763
7	Other salaries and wages	0,575,055.	4,555,540.	1,220,304.	1,100,70
8	Pension plan accruals and contributions (include	138,824.	90,756.	24,408.	23,660
۵	section 401(k) and 403(b) employer contributions)	738,766.	482,966.	129,891.	125,909
9 0	Other employee benefits	569,372.	372,225.	100,109.	97,038
	Payroll taxes	303,372.	372,223.	100,103.	37,03
1	Fees for services (nonemployees):				
a	Management	79,020.		79,020.	
b	Legal	157,061.		157,061.	
_	Accounting	19,750.	19,750.	137,001.	
d e	Lobbying Professional fundraising services. See Part IV, line 17	104,550.	25,700,		104,550
f	Investment management fees	37,822.		37,822.	201,00
g	Other. (If line 11g amount exceeds 10% of line 25,	, , , , , , , ,		, , , , , , ,	
9	column (A), amount, list line 11g expenses on Sch 0.)	775,310.	269,558.	401,350.	104,402
2	Advertising and promotion	233,671.	210,561.	, -	23,110
3	Office expenses	487,842.	156,766.	155,152.	175,924
4	Information technology	556,490.	236,813.	185,302.	134,375
5	Royalties	,	,	,	,
6	Occupancy				
7	Travel	533,597.	381,822.	63,090.	88,685
8	Payments of travel or entertainment expenses	,	, -	, -	,
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
.o 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,245.		28,245.	
3	Insurance	97,735.	77,504.	5,708.	14,523
4	Other expenses. Itemize expenses not covered				·
-	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	STAFF DEVELOPMENT	203,292.	69,046.	53,543.	80,70
b		·	·	·	·
С					
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	14,556,914.	9,647,636.	2,698,144.	2,211,134
<u>-</u>	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)				

Form **990** (2022)

05041110 148365 76595

Form 990 (2022) Part X Balance Sheet

Part X	Balance Sneet					
	Check if Schedule O contains a response or r	note to any	y line in this Part X		······	
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			12,007,125.	1	16,650,264
2	Savings and temporary cash investments			1,858,447.	2	539,181
3	Pledges and grants receivable, net			1,625,445.	3	9,793,746
4	Accounts receivable, net				4	
5	Loans and other receivables from any current					
	trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
	controlled entity or family member of any of the	nese perso	ons		5	
6	Loans and other receivables from other disqu					
	under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B) L		6	
္ဟု 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use			6,368.	8	94
و کې	B			162,410.	9	731,490
10a	Land, buildings, and equipment: cost or othe	r				
	basis. Complete Part VI of Schedule D	10a	178,070.			
b	Less: accumulated depreciation	10b	79,124.	27,200.	10c	98,946
11	Investments - publicly traded securities	7,153,395.	11	6,048,001		
12	Investments - other securities. See Part IV, lin	4,750,444.	12	6,545,753		
13	Investments - program-related. See Part IV, lir			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			169,443.	15	172,080
16	Total assets. Add lines 1 through 15 (must e	3)	27,760,277.	16	40,579,555	
17	Accounts payable and accrued expenses		660,279.	17	850,361	
18	Grants payable		18			
19	Deferred revenue		19			
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
ဖ္က 22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities	trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
iab	controlled entity or family member of any of the	nese perso	ons		22	
⊿ 23	Secured mortgages and notes payable to unr				23	
24	Unsecured notes and loans payable to unrela				24	
25	Other liabilities (including federal income tax,					
	parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
	of Schedule D		<u> </u>		25	2-2-2-4
26				660,279.	26	850,361
ر م	Organizations that follow FASB ASC 958, o	heck here	e X			
Š	and complete lines 27, 28, 32, and 33.			00 604 500		00.024.500
<u>E</u> 27				22,684,709.	27	27,931,507
<u>m</u> 28	Net assets with donor restrictions			4,415,289.	28	11,797,687
<u> </u>	Organizations that do not follow FASB ASC	3958, che	eck here			
<u> </u>	and complete lines 29 through 33.					
<u>د</u> 29	Capital stock or trust principal, or current fun				29	
8 30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 27 28 29 30 31 32	Retained earnings, endowment, accumulated			27 000 000	31	20 700 404
l l	Total net assets or fund balances			27,099,998.	32	39,729,194
33	Total liabilities and net assets/fund balances			27,760,277.	33	40,579,555 Form 990 (202)

Form **990** (2022)

Pai	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,	236,	102.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,	556,	914.				
3	Revenue less expenses. Subtract line 2 from line 1	3	14,	679,	188.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,	099,	998.				
5	5 Net unrealized gains (losses) on investments5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10								
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on 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	Х	oxdot				
	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:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	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	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	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?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2022)				

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MERCY FOR ANIMALS INC

Employer identification number 54-2076145

Pa	rt I	Reason for Public (Charity Status		omnlete th	nic nart) S	ee instructions	31 20,0113				
							ee manachons.					
	organ ——	ization is not a private found	,	•	•	•	WAW:					
1	H	A church, convention of ch				n 170(a)(1)(A)(I).					
2	H	A school described in sect										
3	\vdash	A hospital or a cooperative					•					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5	Ш	An organization operated for		llege or university owned	or operat	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	\square	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or				
		university:										
10	Ш	An organization that norma	• • • • • • • • • • • • • • • • • • • •	• •								
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)									
11	\sqsubseteq	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12	Ш	An organization organized a	•	,	•		, ,					
		more publicly supported or	•					Check the box on				
		lines 12a through 12d that	• •									
а			· · · · · · · · · · · · · · · · · · ·	•	•	_						
		the supported organization			majority o	of the direc	tors or trustees of the su	upporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
b			anization supervised	or controlled in connect	ion with it	s supporte	d organization(s), by have	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С			= ::				• •	ed with,				
		its supported organization		·								
d			integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)				
		that is not functionally int	-		•		='	veness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated supporti	ng organiz	ation.						
f		er the number of supported of	-									
<u>g</u>		vide the following information i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(ii) Liiv	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))	Yes	No		,				
Tota	nl											
	••						i	i .				

Part II 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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,289,325.	15,054,268.	12,174,988.	17,626,828.	28,845,377.	83,990,786.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10,289,325.	15,054,268.	12,174,988.	17,626,828.	28,845,377.	83,990,786.
5	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 (f)						5,159,437.
6	Public support, Subtract line 5 from line 4.						78,831,349.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	10,289,325.	15,054,268.	12,174,988.	17,626,828.	28,845,377.	83,990,786.
	Gross income from interest,	, ,	, ,	, ,		, ,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	340,493.	334,166.	213,723.	276,351.	320,577.	1,485,310.
۵	Net income from unrelated business			,		,	
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	151,093.	656 522	2 045	60 000	57 464	020 025
	assets (Explain in Part VI.)	151,093.	656,533.	2,945.	60,000.	57,464.	928,035.
	Total support. Add lines 7 through 10		,				86,404,131.
	Gross receipts from related activities,	•				12	594,906.
13	First 5 years. If the Form 990 is for th						
800	organization, check this box and stor						
	etion C. Computation of Publi			(0)			91 24 04
	Public support percentage for 2022 (I					14	91.24 % 89.89 %
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-	· ·	• • •	-		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2022

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						<u> </u>
		(=) 0010	(h) 0010	(=) 0000	(4) 0001	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2022. If the						
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	pox on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

232023 12-09-22

Т.,

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** 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)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
	1		
	-		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	46:		
_	10b	- 000\	

Page 5

Pa	Triv Supporting Organizations (continued)			
			Yes	No
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		\vdash
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u>Sac</u>	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		V	N ₂
	Did the accoming hady members of the accoming hady officers acting in their official conscity as membership of one or		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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 organization(s).	1		
Sec	tion D. All 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 on 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		`		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
1	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	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		·		Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes							
2								
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
<u>10</u>	Line 8 amount divided by line 9 amount	Г		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
<u>a</u>	From 2017							
b	From 2018							
c	From 2019							
d	From 2020							
е	From 2021							
f_	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2022 distributable amount							
<u>_i</u>	Carryover from 2017 not applied (see instructions)							
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c. Breakdown of line 7:							
8	Excess from 2018							
	Excess from 2019 Excess from 2020							
	Excess from 2021							
	Excess from 2022							
	LAGGGG HOTTI EULE							

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
SPECIAL EVENT INCOME

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990) Go to www.irs.gov/Form990 for the latest information.

Employer identification number

MEF	RCY FOR ANIMALS, INC.	54-2076145
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (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	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•
Special Rules		
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Figure 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ed) instead of the contributor name and address), II, and III.	ientific,
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	**

Page 2 Schedule B (Form 990) (2022)

Name of organization	Employer identification number
MERCY FOR ANIMALS INC.	54-2076145

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	# Total contributions \$ 871,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 5	Name, address, and ZIP + 4	\$ 668,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022)

Page 3

Name of organization

Employer identification number

MERCY FOR ANIMALS, INC.

54-2076145

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of o	organization			Employer identification num	ber
MERCY FO	OR ANIMALS, INC.			54-2076145	
Part III		through (e) and the following charitable, etc., contributions of \$1,0	ine entry. For ord	(c)(7), (8), or (10) that total more than \$1,000 for the y panizations year. (Enter this info. once.)	ear
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
		(e) Transfer	of gift		<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer		elationship of transferor to transferee	<u>_</u>
(a) Na					_
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer		elationship of transferor to transferee	
				•	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held	
		(e) Transfer	of gift		_ _ _
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee	
					_

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
_		ANIMALS, INC.			54-2076145
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
	Enter the amount of any excise tax			-	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		<u> </u>
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)(3).
	Enter the amount directly expended	, ,	•	***************************************	§
2	Enter the amount of the filing organ				
	exempt function activities				<u> </u>
3	Total exempt function expenditures				
	line 17b				·
4	3 3				
5	Enter the names, addresses and en made payments. For each organizar		•		
	contributions received that were pro	·	0 0		•
	political action committee (PAC). If			•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Sch		OR ANIMALS, INC.		76145 Page 2
Pa		on is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).			
A	Check if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
	expenses, and share of exces			
В	Check if the filing organization check	ked box A and "limited control" provisions apply.		
			(a) Filing	(b) Affiliated group
		bying Expenditures	organization's	totals
	(The term "expenditures" n	neans amounts paid or incurred.)	totals	
18	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	187,474.	
k	Total lobbying expenditures to influence a le	gislative body (direct lobbying)	68,199.	
c	Total lobbying expenditures (add lines 1a and	d 1b)	255,673.	
c			14,301,241.	
e	Total exempt purpose expenditures (add line	es 1c and 1d)	14,556,914.	
f	Lobbying nontaxable amount. Enter the amo	ount from the following table in both columns.	877,846.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 25% o	f line 1f)	219,462.	
r	Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		
	` •	a section 501(h) election do not have to complete all o	of the five columns be	low.
		e the separate instructions for lines 2a through 2f.)		
	Lob	bying Expenditures During 4-Year Averaging Period		_
		1		

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount	649,911.	714,875.	804,225.	877,846.	3,046,857.			
b Lobbying ceiling amount (150% of line 2a, column(e))					4,570,286.			
c Total lobbying expenditures	41,618.	27,555.	49,231.	255,673.	374,077.			
d Grassroots nontaxable amount	162,478.	178,719.	201,056.	219,462.	761,715.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,142,573.			
f Grassroots lobbying expenditures	8,161.	18,387.	23,253.	187,474.	237,275.			

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
	lobbying activity.	Yes	No	Amo	unt
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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	\vdash			
	Media advertisements?				
	Mailings to members, legislators, or the public?	\vdash			
	Publications, or published or broadcast statements?	\vdash			
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?	\vdash			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\vdash			
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912 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?				
	till-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	or sec	tion	
	501(c)(6).				
				Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?				
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section		3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			ii-A, iiiie	O, 13
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
	Total				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical	_		
_	expenditures next year?				
<u>5</u> Parl	Taxable amount of lobbying and political expenditures. See instructions IV Supplemental Information		5		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict\: Dort II A	lines 1 a	ad 2 (Saa	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.	not, raitil-74	, iii loo i ai	14 Z (UCC	
istiu	stions), and i artiib, line it. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

MERCY FOR ANIMALS, INC.

Employer identification number

54 - 2076145

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
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 advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

	t III Organizations Maintaining Col		t. Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	Page Z
	Using the organization's acquisition, accession.								CONTINU	iea)
3	collection items (check all that apply):	, and other records	s, crieck	any or the	iollowing that	. IIIake sig	mincant u	SE OI ILS		
_	Public exhibition	d		l oon or ove	hange progra					
a	Scholarly research									
b		е	; [Other						
C	Preservation for future generations	ations and avalois	- hou +h	av frutbarth	a araanizatia	m'a ayam	nt n	o in Dort	VIII	
4	Provide a description of the organization's colle							e in Part	AIII.	
5	During the year, did the organization solicit or re								7 v.s	□ No
Par	to be sold to raise funds rather than to be main to IV Escrow and Custodial Arrange								_ Yes	No
ı uı	reported an amount on Form 990, Part >		ete ii trie	organizatio	n answered	res on r	-01111 990,	, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodian		ian, for a	contribution	e or other acc	note not in	oludod			
Ia									Yes	☐ No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and							∟	_ res	L NO
b	in res, explain the arrangement in Part XIII and	a complete the loi	llowing to	able.					Amount	
	Designing helence						10		7 arriodite	
	Beginning balance									
	Additions during the year									
_	Distributions during the year						1e 1f			
f Oo	Ending balance								Yes	□ Na
	•								_	∐ No
Par	If "Yes," explain the arrangement in Part XIII. Chart V Endowment Funds. Complete if the									
		(a) Current year		rior year	(c) Two year		d) Three y	ears hack	(a) Four	years back
4.		, ,	(6)	noi yeai	(C) TWO you	is back (a j miloo y	burs buck	(C) i oui	yours baok
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
g	End of year balance		<i></i>		<u> </u>					
2	Provide the estimated percentage of the curren	•	•	j, column (a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the possessi	on of the organiza	ation that	t are held ar	nd administer	ed for the	:		Γ,	v N.
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4 Do:	Describe in Part XIII the intended uses of the or		wment f	unds.						
Pai	t VI Land, Buildings, and Equipmer Complete if the organization answered ") David IV	/ Ii 11- C		Dark V. II	10			
	· · · · · · · · · · · · · · · · · · ·		-					.		
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
	Land									
	Buildings									
	Leasehold improvements	1			160 - 16					06.600
	Equipment				169,746.		72,9			96,838.
	Other				8,324.			216.		2,108.
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part	X. colum	nn (B), line 1	0c.)					98,946.

Schedule D (Form 990) 2022 MERCY FOR ANIMALS	, INC.	<u></u>	4-20/6145 Page 3
Part VII Investments - Other Securities.	- Faura 000 David IV line 1	th Con Farms 000 Bort V line 10	
Complete if the organization answered "Yes" o	(b) Book value		d of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	6,545,753.	END-OF-YEAR MARKET VALUE	
(7)	0,343,733.	END-OF-TEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,545,753.		
Part VIII Investments - Program Related. Complete if the organization answered "Yes" o		1a Can Farm 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Dook value	(6) Motified of Valuation. Cost of eff	a or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line 1:	1d See Form 990 Part Y line 15	
	Description	1d. dec 1 dilli 330, 1 art X, iiie 13.	(b) Book value
· · ·	, cooription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
(a) Description of liability	111 01111 000,1 are 14, 11110 1	10 01 111. 000 1 0111 000, 1 are X, 1110 20	(b) Book value
			(S) DOON VAIGO
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			+
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	•		<u> </u>
2. Liability for uncertain tax positions. In Part XIII, provide t			
organization's liability for uncertain tax positions under F	-ASB ASC 740. Check her	e if the text of the foothote has been pr	ovided in Part XIII

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1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements			1	27,321,794
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	27,321,731
2	Net unrealized gains (losses) on investments	2a	-2,049,992.		
a b	Donated services and use of facilities		173,506.		
C	Recoveries of prior year grants				
d	0.1. (5				
e	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	-1,876,486
3	Subtract line 2e from line 1			3	29,198,280
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,822.		
b	Other (Describe in Part XIII.)		07,022.		
C	A 1112 A 1 A			4c	37,822
5				5	29,236,102
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per P		23,230,102
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	14,692,598
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	173,506.		
b					
	Prior year adjustments Other lesses	l I			
C C	Other (Describe in Part VIII.)				
d	Other (Describe in Part XIII.)	<u>-</u>		20	173,506
e	Add lines 2a through 2d			2e 3	14,519,092
3	Subtract line 2e from line 1			3	11,313,032
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45	37,822.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		37,022.		
b	Other (Describe in Part XIII.)			4-	37,822
C	Add lines 4a and 4b				
Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	; Part IV, lines 1b a	and 2b; Part V, line 4	4c 5 ; Part X, li	14,556,914
Pa i Provi	t XIII Supplemental Information.	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i rovi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i rovi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i rovi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i rovi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i rovi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i rovi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i rovi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b a	and 2b; Part V, line 4	5	14,556,914

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** MERCY FOR ANIMALS, INC. 54-2076145 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region GRANTS TO RECIPIENTS SOUTH AMERICA COCATED IN THE REGION 1,331,405. GRANTS TO RECIPIENTS LOCATED IN THE REGION NORTH AMERICA 747,405. EAST ASIA AND THE GRANTS TO RECIPIENTS LOCATED IN THE REGION PACIFIC 61,519. 0 0 2,140,329. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a 2,140,329. and 3b)

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

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 organization	(b) IRS code section and EIN (if applicable)		(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)
		SOUTH AMERICA	OPERATING EXPENSES	1,331,405.	WIRE	0.		
		NORTH AMERICA	OPERATING EXPENSES	643,894.	WIRE	0.		
		NORTH AMERICA	OPERATING EXPENSES	103,511.	WIRE	0.		
		EAST ASIA AND THE						
			OPERATING EXPENSES	61,519.	WIRE	0.		
2 Enter total number of	recipient organizatio	ns listed above that are i	recognized as charities by the t	foreign country,	recognized as a tax	I	<u> </u>	1

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ...

	exempt so regularization by the me, or for which the grantee or sounce mae provided a society	oo r (o)(o) oquivalorioy lottor	
3	3 Enter total number of other organizations or entities		

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(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)

Schedule F (Form 990) 2022 Part 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	X No
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	X No
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	X No
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	X 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	X No
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	X No

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** 54-2076145 MERCY FOR ANIMALS, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions' listed in col. (i) MADISON HABIB IMPACT CONSULTS ON DIRECT AND Yes No PHILANTHROPY - 31 PLUMMER DIGITAL SOLICITATIONS FOR Х 752,428 69,550 682,878. DKPW INC. - 700 14TH STREET. CONSULTS ON DIRECT AND WASHINGTON, DC 20005 DIGITAL SOLICITATIONS FOR Х 0 35,000 -35,000. 647,878. 752 428 104 550 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and gr						
		or rundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
nue			, ,,,	, ,,,	,			
Revenue	1	Gross receipts	779,792.			779,792.		
ш	2	Less: Contributions	722,328.			722,328.		
	3	Gross income (line 1 minus line 2)	57,464.			57,464.		
	4	Cash prizes						
ø	5	Noncash prizes	16,372.			16,372.		
bense	6	Rent/facility costs	11,000.			11,000.		
Direct Expenses	7	Food and beverages	86,277.			86,277.		
Ӓ	8	Entertainment	1,000.			1,000.		
	9	Other direct expenses				154,839.		
	10					269,488.		
	11	Net income summary. Subtract line 10 from I				-212,024.		
Pa	art I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.	_					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Be	 	Gross revenue						
	Ϊ́	aross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
		Volunteer labor	Yes % No	Yes % No	Yes % No			
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
a	ls t	ter the state(s) in which the organization conduthe organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No		
b) If " —	No," explain:						
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:							
	_							
2320	92 10	0_27_22			Sche	edule G (Form 990) 2022		

Schedule G (Form 990) 2022 MERCY FOR ANIMALS, INC.	54-207	6145	Page 3
11 Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?	[Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
b An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco		•	
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the a	ımount		
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
on roo, onto hame and address of the ania party.			
Name			
Address			
16 Gaming manager information:			
Carriing manager information.			
Name			
Name			
Gaming manager compensation \$			
Carning manager compensation ψ			
Description of services provided			
Director/officer Employee Independent contractor			
blicotol/officer Employee macpendent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
· · · · · · · · · · · · · · · · · · ·	Г	Yes	☐ No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	tin the	163	
·	t iii tiie		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part I	II linos Q	0h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v), and rait i	ii, iii les 5,	30, 100,
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.			
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
SCHEDULE G, TAKT I, BINE 2B, BIST OF TEN HIGHEST TAID FONDKAISEKS.			
(I) NAME OF FUNDRAISER: MADISON HABIB IMPACT PHILANTHROPY			
(1) NAME OF FONDRAISER: MADISON HABIB IMPACT FRIDANTHROFT			
/T) ADDRECC OF PINDDATCED. 21 DITMMED AVENUE MEMBERDY MA 01050			
(I) ADDRESS OF FUNDRAISER: 31 PLUMMER AVENUE, NEWBERRY, MA 01950			
/TT \ AGMITUTMY. GONGULMG ON DIDEGE AND DIGITAL GOLIGITATIONG FOR ANNUAL GIVI			
(II) ACTIVITY: CONSULTS ON DIRECT AND DIGITAL SOLICITATIONS FOR ANNUAL GIVI			
(T) NIME OF THIRD TARE DEPT. THE			
(I) NAME OF FUNDRAISER: DKPW INC.			
/->			
(I) ADDRESS OF FUNDRAISER: 700 14TH STREET, WASHINGTON, DC 20005			
(II) ACTIVITY: CONSULTS ON DIRECT AND DIGITAL SOLICITATIONS FOR ANNUAL GIVI			

232083 10-27-22

Schedule G	(Form 990) Supplemental Inform	MERCY	FOR ANIMALS,	INC.	54-2076145	Page 4
Part IV	Supplemental Inform	ation	(continued)			
			(007767000)			
-						

SCHEDULE I (Form 990)

232101 10-31-22

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organizati		W. T. G T. T. G.						Employer identification numbe
Part I General Ir	MERCY FOR ANI							54-2076145
	nformation on Grants a							
	zation maintain records t							
criteria used to a	award the grants or assis	stance?			04-4			No
	IV the organization's pro					anization anawarad "	Voc" on Form 000 Dort	IV line 21 for any
	hat received more than \$					ariizatiori ariswereu	res on Form 990, Part	. IV, IIIIe 21, IOI arry
` '	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
								THE PEOPLE'S FUND:
A WELL-FED WORLD								AMPLIFYING
3936 S. SEMORAN E	BLVD. #271							UNDERREPRESENTED VOICES
ORLANDO, FL 32822	2	27-0865905	501(C)(3)	147,400.	0.			IN SUPPORT FOR ANIMAL
								THE PEOPLE'S FUND:
PLANT THE POWER								AMPLIFYING
3907 E. MOUND STE	REET							UNDERREPRESENTED VOICES
COLUMBUS, OH 4322	27	85-3120775	501(C)(3)	20,000.	0.			IN SUPPORT FOR ANIMAL
								THE PEOPLE'S FUND:
RETHINK YOUR FOOL	O INC.							AMPLIFYING
12717 W SUNRISE E	BLVD., #131							UNDERREPRESENTED VOICES
SUNRISE, FL 33323	3	84-2273554	501(C)(3)	20,000.	0.			IN SUPPORT FOR ANIMAL
								THE PEOPLE'S FUND:
BETTER FOOD FOUNI	DATION							AMPLIFYING
PO BOX 96503 #218	385							UNDERREPRESENTED VOICES
WASHINGTON , DC 2	20090	81-4537521	501(C)(3)	20,000.	0.			IN SUPPORT FOR ANIMAL
								THE PEOPLE'S FUND:
BLACK WOMEN FOR V	NELLNESS							AMPLIFYING
PO BOX 292516								UNDERREPRESENTED VOICES
LOS ANGELES, CA	90029	95-4624707	501(C)(3)	25,000.	0.			IN SUPPORT FOR ANIMAL
								THE PEOPLE'S FUND:
APEX ADVOCACY								AMPLIFYING
3102 ROBIN ROAD								UNDERREPRESENTED VOICES
DECATIO GA 30033	2	86-2799787	501(C)(3)	35 000	0			TH STIDDODT FOD ANTMAT.

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

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

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

Schedule I (Form 990) 2022

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GDI GGDOOMG IDWI GWG MOVENNYW							THE PEOPLE'S FUND:
GRASSROOTS ARTISTS MOVEMENT							AMPLIFYING
1958 FULTON STREET	1			_			UNDERREPRESENTED VOICES
BROOKLYN, NY 11233	34-1975159	501(C)(3)	50,000.	0.			IN SUPPORT FOR ANIMAL
							THE PEOPLE'S FUND:
GEORGIA ANIMAL RIGHTS AND							AMPLIFYING
PROTECTION, INC 2549 KNOX							UNDERREPRESENTED VOICES
STREET - ATLANTA , GA 30317	56-2641176	501(C)(3)	16,200.	0.			IN SUPPORT FOR ANIMAL
STANFORD UNIVERSITY							
PO BOX 20466							
STANFORD , CA 94309	97-1279777	501(C)(3)	20,000.	0.			RESEARCH GRANT
STOCKHOLM ENVIRONMENT INSTITUTE US, INC 11 CURTIS AVENUE -							
SOMERVILLE, MA 02144	20-4659308	E01/G\/3\	10.000	0.			RESEARCH & COLLABORATION
SOMERVILLE, MA UZI44	20-4659306	501(C)(3)	10,000.	0.			RESEARCH & COLLABORATION
LET LOVE LIVE							
							TRANSPARMATION PROTECT
143 COUNTY ROAD 3445	00 4040565	E01 (G) (2)	15.000	_			TRANSFARMATION PROJECT
COOKVILLE, TX 75558	82-4248565	501(C)(3)	15,000.	0.			RESEARCH GRANT
						1	Schodulo I (Form 90

Schedule I (Form 990) 2022 MERCY FOR ANIMALS, INC. 54-2076145 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSFARMATION PROJECT RESEARCH GRANT	4	50,000.	0.		
	_				
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO EN	SURE THEY ARE	CONSISTENT			
WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE AC	COMPANIED BY	GRANT			
AGREEMENTS THAT REQUIRE GRANTEES TO USE FUNDS IN A	PERMISSIBLE	MANNER TO			
ACHIEVE THE PURPOSE OF THEIR GOALS. SPENDING OF GR	ANT FUNDS AND	PROGRESS			
TOWARD OBJECTIVES ARE MONITORED BY DEPARTMENT LEAD:	ERS WITH OVER	SIGHT FROM			
LEADERSHIP. THE BOARD OF DIRECTORS APPROVES THE AM	OUNTS OF THE	GRANTS			
ANNUALLY.					

Schedule I (Form 990)

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MERCY FOR ANIMALS, INC.

Employer identification number 54-2076145

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			х
		5a		X
b	Any related organization?	5b		
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
a	· ·	6a		х
	The organization? Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
'	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) LEAH GARCES	(i)	158,379.	0.	0.	4,742.	1,408.	164,529.	0.	
CEO AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) KELCEY MEADOWS-LUCAS	(i)	144,375.	0.	0.	4,352.	7,631.	156,358.	0.	
SENIOR PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SUSAN LANE	(i)	128,083.	0.	0.	3,845.	21,683.	153,611.	0.	
SVP OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0,	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

MERCY FOR ANIMALS, INC.

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

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

Inspection Employer identification number

54-2076145

Pai	rt I Types of Property							
	·	(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de		_	
		applicable	contributions or litems contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition ar	nount	5
1	Art - Works of art	X	1	· · · · · ·	FMV REPORTED BY I	DONOR		
			_					
2								
3	Art - Fractional interests	X		2 912	LIST PRICE			
4	Books and publications	X		· · · · · · · · · · · · · · · · · · ·		DOMOR		
5	Clothing and household goods	Λ		1,000.	FMV REPORTED BY 1	DONOR		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	17	97,824.	SALES AMOUNT			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15								
16	Real estate - Residential Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	77	11	1 145	ENGL DEDODEED DV	DOMOR		
19	Food inventory	Х	11	1,145.	FMV REPORTED BY 1	DONOR		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	Х	18	15,677.	FMV			
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for c	ontributions				
	for which the organization completed Form 828	=	•					
	To which the organization completed from oze	50, i ait v, b	once / tott lowledg	omone			Yes	No
202	During the year, did the organization receive by	, contributio	n any proporty rop	orted in Part Llines 1 throug	h 28 that it		163	140
Sua				· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of t			•				х
_	exempt purposes for the entire holding period?	,				30a		
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance p	-	•	•	ions?	31	Х	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990).	Schedule M	l (Forn	n 990)	2022

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

232142 09-09-22

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MERCY FOR ANIMALS, INC. 54-2076145 PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CATTLE IN SLAUGHTERHOUSES. IN MEXICO. WE UNCOVERED ANIMAL CRUELTY AT A CHICKEN HATCHERY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MERCY FOR ANIMALS OPERATES A NUMBER OF OTHER PROGRAMS; INCLUDING ORGANIZING AND MOBILIZING VOLUNTEERS TO BUILD A STRONGER MOVEMENT; LEGAL ADVOCACY: THE GOVERNMENT AFFAIRS AND PUBLIC POLICY TEAM FOCUSES ON POLICY MEASURES TO REDUCE SUFFERING FOR FARMED ANIMALS AND PROMOTE PLANT-BASED EATING; AND DEVELOPING MODELS TO HELP FACTORY FARMERS TRANSITION TO PLANT-CENTERD BUSINESSES AND CONDUCTING RESEARCH THAT WILL EMPOWER THE FARMED ANIMAL PROTECTION MOVEMENT, EXPENSES \$ 4,605,309. INCLUDING GRANTS OF \$ 2,333,217. **REVENUE \$ 35,314**, 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization MERCY FOR ANIMALS, INC.	Employer identification number 54-2076145
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 15A:	
COMPENSATION FOR THE PRESIDENT 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 PRESIDENT IN CONSULTATION	
WITH THE PEOPLE OPERATIONS DEPARTMENT AND BASED ON INDEPENDENT	
COMPARABILITY DATA.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV,NH	
NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TX,TN,UT,VA,WA,WV,WI	
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.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

MERCY FOR ANIMALS, INC.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-2076145

Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.				
(a)	(b)	(c)	(d)	(e))	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	ome End-of-yea	•	controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	inizations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	e or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
		, , , , , , , , , , , , , , , , , , ,		501(c)(3))		Yes	No
MERCY FOR ANIMALS - CANADA 1 YOUNG STREET, SUITE 1801	TO SUPPORT CORPORATE ENGAGEMENT PROGRAMS IN				MERCY FOR		
TORONTO, ONTARIO, CANADA ME5 1W7	CANADA	CANADA			ANIMALS, INC.	х	
For Paperwork Reduction Act Notice, see the Instruc	ations for Form 000				Schedule R	(Form 20	20) 2002

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.

Organizations treated as a par	· · · · · · · · · · · · · · · · · · ·	, ,		1					1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	lo
										\vdash	_
							<u> </u>			\vdash	
	l							<u> </u>			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, 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 (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	end-of-year	(h) Percentage ownership	ge (i) Section 512(b)(13 controlled entity?	
		country)		or trust)		assets		Yes	

Page 2

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organizations	zation(s)			11		Х
n	n Performance of services or membership or fundraising solicitations by related organize	zation(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete thi	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
1)	MERCY FOR ANIMALS - CANADA	В	103,511.	ACTUAL			
2)							
3)							
4)							
5)							
6)							

Page 3

Yes No

Part VI 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print MERCY FOR ANIMALS, INC. 54-2076145 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 8033 SUNSET BLVD., 864 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LOS ANGELES, CA 90046 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 SHAHID MAQSOOD The books are in the care of ► 8033 SUNSET BLVD., STE 864 - LOS ANGELES, CA 90046 Telephone No. ▶ 866-632-6466 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)