

** 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)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change MERCY FOR ANIMALS, INC. Name change 54-2076145 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 8033 SUNSET BLVD. 864 (866) 632-6446 28,959,651. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return LOS ANGELES, CA 90046 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LEAH GARCES for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.MERCYFORANIMALS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2002 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: TO END INDUSTRIAL ANIMAL Governance AGRICULTURE BY CONSTRUCTING A JUST AND SUSTAINABLE FOOD SYSTEM if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 119 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 60 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 17,626,828. 12,174,988, Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 295,980 641,847. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 67,391 -46,477. 11 12,538,359 18,222,198, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,406,989 2,744,363. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,086,831. 7,329,164. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 62,500. 47 000. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,741,172. 2,963,963. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,297,492. 13,084,490. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,240,867. 5,137,708. Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 5 27,760,277. 23,034,521. Total assets (Part X, line 16) 1,359,145, 660,279. 21 Total liabilities (Part X, line 26) 三年 21,675,376. 27,099,998. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign LEAH GARCES, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature TAMAR PLOTZKER P02047230 Paid self-employed Firm's name MAZARS USA LLP 13-1459550 Preparer Firm's EIN ▶ Firm's address 135 WEST 50TH STREET Use Only Phone no. (212) 812-7000

No

X Yes

NEW YORK, NY 10020-0002

May the IRS discuss this return with the preparer shown above? See instructions

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
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,451,117. including grants of \$253,397.) (Revenue \$
	PUBLIC ENGAGEMENT: IN 2021, MERCY FOR ANIMALS' PUBLIC ENGAGEMENT
	DEPARTMENT HELPED REACH MILLIONS WITH MESSAGES OF COMPASSION FOR FARMED
	ANIMALS THROUGH SOCIAL MEDIA AND 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 14.3 MILLION ONLINE VIDEO VIEWS, 168.8 MILLION
	SOCIAL MEDIA IMPRESSIONS, AND 1.9 MILLION CHOOSEVEG BLOG VIEWS. OUR
	PUBLIC ENGAGEMENT DEPARTMENT ALSO SECURED MEDIA COVERAGE BY BUSINESS
	INSIDER, NATIONAL PUBLIC RADIO, THE ATLANTIC, THE HOLLYWOOD REPORTER,
	THE NEW YORK TIMES, THE WASHINGTON POST, TIMES OF INDIA, REUTERS,
	VARIETY, VOX, YAHOO NEWS, AND OTHER MEDIA OUTLETS.
4b	(Code:) (Expenses \$1,016,196. including grants of \$) (Revenue \$)
40	INVESTIGATIONS: IN 2021, MERCY FOR ANIMALS RELEASED FOUR
	INVESTIGATIONS, TWO DRONE INVESTIGATIONS AND ONE INVESTIGATIVE REPORT
	WORLDWIDE. IN THE UNITED STATES, WE EXPOSED A COSTCO CHICKEN SUPPLIER
	PAVING THE WAY FOR OUR CORPORATE CAMPAIGN THAT RESULTED IN THE
	COMPANY'S COMMITMENT TO CHICKEN WELFARE IMPROVEMENT. THE STORY BROKE IN
	NICHOLAS KRISTOFF'S NEW YORK TIMES WEEKLY COLUMN, AND MORE THAN 150
	OTHER MEDIA OUTLETS ACROSS THE COUNTRY COVERED IT. WE ALSO UNCOVERED
	THE SUFFERING OF CATTLE TRAPPED IN FEEDLOTS WITH TEMPERATURES AS HIGH
	AS TRIPLE DIGITS AND WITH OUR DRONES WE EXPOSED THE NEGATIVE IMPACTS OF
	MEGA-DAIRIES IN THE YAKIMA VALLEY COMMUNITIES IN WASHINGTON STATE. IN
	BRAZIL, OUR HIDDEN CAMERAS AND DRONES REVEALED SOME OF THE EGG
	INDUSTRY'S WORST PRACTICES AND OUR INVESTIGATIVE REPORT EXPOSED
4c	(Code:) (Expenses \$1,337,501. including grants of \$72,367.) (Revenue \$
	CORPORATE ENGAGEMENT: CORPORATE ENGAGEMENT: THE CORPORATE ENGAGEMENT
	PROGRAM WORKS WITH MAJOR FOOD COMPANIES TO ELIMINATE THE WORST CRUELTY
	FOR 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 FOR ANIMALS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 4,576,784. including grants of \$ 2,418,599.) (Revenue \$ 22,424.) Total program service expenses ▶ 9,381,598.
<u>4e</u>	Total program service expenses 9,361,596. Form 990 (2021

11161206 148365 76595

Form 990 (2021) 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		"		
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	\vdash
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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Part IV	Checklist of Required Schedules	(continued)
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	i (continuou)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	<u>NO</u>
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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		X
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
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	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
2F ~	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b			
c	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 (2021) MERCY FOR ANIMALS, INC. 54-20761	15	Р	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 2a119			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	\vdash
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		ــــــ
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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			
	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┼
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	١.,		
	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 13b	-		
C	Enter the amount of reserves on hand [13c]	40-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		+
	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			x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		—
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator organizations.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	FRANKING THE WOULD ESTEED THE HINDSHOP OF SILENDSE LANDRED SECTION 4307 OF 4307			

Form **990** (2021)

If "Yes," complete Form 6069.

MERCY FOR ANIMALS, INC. Form 990 (2021) 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 S

Sec	tion A. Governing Body and Management				
			Yes	No	
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.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	3_		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		X	
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		X	
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		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а		8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х	
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
	Did the organization have local chapters, branches, or affiliates?	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	v		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	400	х		
40	on Schedule O how this was done	12c 13	X		
13 14	Did the organization have a written whistleblower policy?	14	X		
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14			
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Х		
	Other officers or key employees of the organization	15b	•	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		Х	
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			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL				
18	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)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	MAMTA VALDERRAMA - 866-632-6466				

8033 SUNSET BLVD., STE 864, LOS ANGELES, CA 90046 SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)	(B)	J. ya	. 114a		C)	.pci		(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box	box, unless pe		rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	la a a	irecto	r/trus	iee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	эш ш		1099-NEC)		and related
	below	/idual	In stit utio nal tru stee	Ja Ja	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) LEAH GARCES	40.00									
PRESIDENT				Х				142,316.	0.	1,879.
(2) KELCEY MEADOWS-LUCAS	40.00									
SENIOR PHILANTHROPY OFFICER						Х		126,158.	0.	12,607.
(3) SUSAN LANE	40.00									
SVP OF PHILANTHROPY						Х		111,342.	0.	22,766.
(4) DAINA BRAY (THROUGH 10/2021)	40.00									
SECRETARY & GENERAL COUNSEL				Х				108,208.	0.	10,943.
(5) MELANIE HEYMANS	40.00									
SVP OF PEOPLE AND CULTURE						Х		103,413.	0.	3,881.
(6) JODI MEDOFF (FROM 10/2021)	40.00									
DEPUTY GC; SECRETARY & GENERAL COUNS				Х				99,279.	0.	6,896.
(7) NATHAN RUNKLE	3.00									
BOARD CHAIR (UNTIL 5/2021)	1.00	Х		Х				0.	0.	0.
(8) NEYSA COLIZZI	3.00									
BOARD CHAIR (FROM 5/2021)	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							_	_	_
DIRECTOR		Х						0.	0.	0.
(16) TYSON-LORD GRAY	1.00									_
DIRECTOR		Х						0.	0.	0.
(17) JAIME SURENKAMP	1.00								_	_
DIRECTOR	l	Х						0.	0.	0. Form 990 (2021)

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			((C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos			no	Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	rson i	than c s both	an				an	nount	of
		week		officer and a director				ee)	from	from related	othe			
		(list any	ector						the	organizations		com	pensa	tion
		hours for	or dir	a.			ated		organization	(W-2/1099-MIS	C/		om th	
		related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations below	ıal tru	onal		oloye	e co		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		11110)	=	Ë	10	Σ.	E E	요						
									500 -15					
	Subtotal								690,716.		0.		58,	972.
	Total from continuation sheets to Part VI							>	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	690,716.		0.		58,	972.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				_
	compensation from the organization												1	5
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a	accrue compen	ısati	on fr	om	any	unre	late	ed organization or individ	lual for services				
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-	-							· · · · · · · · · · · · · · · · · · ·	ensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
	(A) Name and business	addroce							(B) Description of s	envices	_	ompe		n
ימקם								\dashv	Description of s	C1 ¥1003		ompe	Jano	
	IN ROSEN, 15 MAIDEN LANE, SUITE : YORK, NY 10038	1000,							PUBLIC RELATIONS A	NID MADREMENT			165	000
14 T. W	TORK, NI 10050							╣	TOPDIC VERWITONS W	ND MAKKETING			105,	000.
								\dashv						

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 (2021) MERCY FOR A
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	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
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c	736,434.				
fts,			Related organizations	1d	,50,151.				
ij gi					875,239.				
ns, Sirr			Government grants (contributions)	1e	075,255.				
utio er (T	All other contributions, gifts, grants, and		16 015 155				
ĕŧ			similar amounts not included above	1f	16,015,155.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$	1,351,096.	17 626 020			
O g		h	Total. Add lines 1a-1f			17,626,828.			
					Business Code				
Se	2	а							
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue \dots						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, interes	st, and				
			other similar amounts)			276,351.			276,351.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)		—				
			` '-	ecurities	(ii) Other				
	-	_		94,677.	.,				
		h	Less: cost or other basis	,					
ø		~	and sales expenses	29 181.					
her Revenue		_	Gain or (loss) 7c 3	65,496.					
eve			Net gain or (loss)			365,496.			365,496.
<u>~</u>			Gross income from fundraising events (r			000,1201			333,223.
	0	а	including \$ 736,434.						
Ò				•					
			contributions reported on line 1c). So	1 1	60,000.				
		L	Part IV, line 18		128,901.				
			Less: direct expenses			-68,901.			-68,901.
			Net income or (loss) from fundraising			-00,301.			-00,301.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns		404 505				
			and allowances						
			Less: cost of goods sold		79,371.				
		С	Net income or (loss) from sales of inv	entory		22,424.	22,424.		
တ					Business Code				
on e	11	а							
ane		b							
Miscellaneous Revenue		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			18,222,198.	22,424.	0.	572,946.

132009 12-09-21

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 respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations	200 120	200 120		
	and domestic governments. See Part IV, line 21	388,130.	388,130.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2 256 222	2 256 222		
	individuals. See Part IV, lines 15 and 16	2,356,233.	2,356,233.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	369,521.	269,271.	30 170	70 081
	trustees, and key employees	309,321.	209,271.	30,170.	70,080
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	5,844,995.	4,259,269.	477,219.	1 100 50
	Other salaries and wages	5,844,995.	4,239,209.	4//,219.	1,108,507
	Pension plan accruals and contributions (include	76,979.	56,095.	6,285.	1/ 500
	section 401(k) and 403(b) employer contributions)	549,160.	400,176.	44,836.	14,599
	Other employee benefits	488,509.	355,978.	39,885.	92,640
	Payroll taxes	400,303.	333,370.	35,003.	52,040
	Fees for services (nonemployees):				
	Management	109,399.	68,362.	23,247.	17,790
	Legal	162,971.	101,838.	34,631.	26,502
	Accounting	16,250.	16,250.	31,031.	20,30
	Lobbying	47,000.	10,230.		47,000
	Professional fundraising services. See Part IV, line 17 Investment management fees	40,489.		40,489.	17,000
	Other. (If line 11g amount exceeds 10% of line 25,	20,200.		20,200.	
_	column (A), amount, list line 11g expenses on Sch O.)	738,738.	475,968.	180,109.	82,661
	Advertising and promotion	227,169.	156,162.	200,200.	71,007
	Office expenses	415,529.	147,844.	54,557.	213,128
	Information technology	699,583.	17,763.	459,612.	222,208
	Royalties	, , , , , ,			
	Occupancy	72,604.	63,544.	4,409.	4,651
	Travel	173,420.	145,747.	11,488.	16,185
	Payments of travel or entertainment expenses	, -	, .	, -	,,
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	525.	104.	144.	277
	Interest	. =•			
	Payments to affiliates				
	Depreciation, depletion, and amortization	19,347.		19,347.	
	Insurance	115,809.	68,764.	33,292.	13,753
	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 O.)				
	DEVELOPMENT EXPENSES	172,130.	34,100.	47,345.	90,685
b		,	, ,	, -	,
c					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	13,084,490.	9,381,598.	1,507,065.	2,195,827
	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 (2021) Part X Balance Sheet

MERCY FOR ANIMALS, INC.

Par	ίλ	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X		·······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,424,685.	1	12,007,125
	2	Savings and temporary cash investments		1,283,733.	2	1,858,44	
	3	Pledges and grants receivable, net			525,000.	3	1,625,44
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sec	ction 4958(c)(3)(B)		6	
္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			29,886.	8	6,36
&	9	B			196,605.	9	162,41
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	231,566.			
	b	Less: accumulated depreciation			32,412.	10c	27,200
	11	Investments - publicly traded securities			4,974,751.	11	7,153,39
	12	Investments - other securities. See Part IV, Iir			6,567,449.	12	4,750,44
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	169,44		
	16	Total assets. Add lines 1 through 15 (must e			23,034,521.	16	27,760,27
	17	Accounts payable and accrued expenses		483,906.	17	660,27	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ا ب	22	Loans and other payables to any current or fo	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
<u>a</u>		controlled entity or family member of any of t		22			
-	23	Secured mortgages and notes payable to uni	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			875,239.	25	(
	26	Total liabilities. Add lines 17 through 25			1,359,145.	26	660,279
		Organizations that follow FASB ASC 958, o	heck he	re 🕨 🗓			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			18,241,593.	27	22,684,709
8 8	28	Net assets with donor restrictions		<u></u>	3,433,783.	28	4,415,289
밀		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🗌			
돈		and complete lines 29 through 33.					
Ō	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	ent fund		30	
As	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			21,675,376.	32	27,099,998
	33	Total liabilities and net assets/fund balances			23,034,521.	33	27,760,277

Pai	rt 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	18,	222,	198.				
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		286,	914.				
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	27,	099,	998.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.				
				Yes	No				
1	Accounting method used to prepare the Form 990:								
	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					
	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 Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>				
			Form	990	(2021)				

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** MERCY FOR ANIMALS, INC. 54-2076145 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	()		. ,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	11,232,804.	10,289,325.	15,054,268.	12,174,988.	17,626,828.	66,378,213.
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	11,232,804.	10,289,325.	15,054,268.	12,174,988.	17,626,828.	66,378,213.
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)						4,551,528.
6	Public support. Subtract line 5 from line 4.						61,826,685.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	11,232,804.	10,289,325.	15,054,268.	12,174,988.	17,626,828.	66,378,213.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	159,939.	340,493.	334,166.	213,723.	276,351.	1,324,672.
9	Net income from unrelated business	,	,	,	,	,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	207,427.	151,093.	656,533.	2,945.	60,000.	1,077,998.
11	Total support. Add lines 7 through 10	,	,	·	,	,	68,780,883.
12		etc. (see instructio	ins)			12	649,363.
	First 5 years. If the Form 990 is for the	•	,				•
	organization, check this box and stop	_					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	89.89 %
15	- III					15	86.79 %
16a						ore, check this box	and
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-			▶ □
b	10% -facts-and-circumstances test	-	· ·		-		
_	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		ightharpoonup
18	•			•			
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? |f "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).
- 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		
	2-		
	3a		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	46.		
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Par	TIV 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?	+	
	A family member of a person described on line 11a above?	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		т —
		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.		
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.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	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)		
Sec	the supported organization(s). 1 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	103	110
•	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?		
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).		
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		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	\perp	
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.	\bot	
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.	_	
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.		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
1	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).				

Sche	dule A (Form 990) 2021 MERCY FOR ANIMALS,			5	4-2076145	Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continue}	ed)		
Secti	on D - Distributions		•		Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		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 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
С	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

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

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

	54-2076145						
Organization type	(check one):						
Filers of:	Section:						
Form 990 or 990-E	Z X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation					
Note: Only a section General Rule For an org	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections s	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify nat it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2021)

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	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 1,200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 5	Name, address, and ZIP + 4	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	* \$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

MERCY FOR ANIMALS, INC.

54-2076145

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audiess, and Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	INGINE, AUG 655, AND ZIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rumo, addi 655, and £ii T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

MERCY FOR ANIMALS, INC. 54-2076145

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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			
	PUBLICLY TRADED SECURITIES					
5						
		\$\$	12/03/21			
(a) No.	4.)	(c)	(.1)			
from Part I	(b) Description of noncash property given	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			
		<u> </u>				

Page 4

Name of or	rganization	Employer identification number	
MERCY FO	OR ANIMALS, INC.		54-2076145
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, charitable Use duplicate copies of Part III if additional s	through (e) and the following line entra naritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	ft Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public 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

Name of orga	opization	ions. Complete Part III.		F	loyer identification number
Name or orga		ANTWALG THE		Emp	•
Part I-A		ANIMALS, INC. anization is exempt und	or soction 501(a)	or is a soction 527 or	54-2076145
 Provide Politica 	a description of the organiz	ation's direct and indirect politic ures gn activities	cal campaign activities i	in Part IV. ▶ \$	S
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
2 Enter th 3 If the or 4a Was a c	ne amount of any excise tax ne amount of any excise tax ganization incurred a sectio	incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720	der section 4955 ers under section 4955 for this year?	> \$	S Yes No
Part I-C		anization is exempt und	er section 501(c),	except section 501(c	e)(3).
1 Enter th 2 Enter th	ne amount directly expended ne amount of the filing organ	I by the filing organization for se ization's funds contributed to ot	ection 527 exempt funct ther organizations for se	tion activities ection 527	S
3 Total ex	cempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL,	,	
5 Enter the made purcontribution	ne names, addresses and en ayments. For each organiza utions received that were pro	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, provided to the control of	N) of all section 527 po d from the filing organiz a separate political orga	litical organizations to whicl zation's funds. Also enter th anization, such as a separat	n the filing organization e amount of political
	(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) 2021

LHA

132041 11-03-21

Pai	rt II-A Complete if the organ	nization is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	section 501(h)). Check if the filing organization expenses, and share of	of excess lobbying e	expenditures).		group member's name	e, address, EIN,
<u>B</u> C		on Lobbying Exper	•		(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influer	nce public opinion (c	rassroots lobbying)		23,253.	
	Total lobbying expenditures to influer		/all		25,978.	
c		•	, , , , , , , , , , , , , , , , , , , ,		49,231.	
	Other exempt purpose expenditures				13,035,259.	
e	• Total exempt purpose expenditures (a				13,084,490.	
f	Lobbying nontaxable amount. Enter t				804,225.	
	If the amount on line 1e, column (a) or (b	b) is: The lobi	bying nontaxable am	ount is:		
	Not over \$500,000		the amount on line 1e.			
	Over \$500,000 but not over \$1,000,0	000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,500),000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,00		0 plus 5% of the exces			
	Over \$17,000,000	\$1,000,0	000.			
g	Grassroots nontaxable amount (enter	r 25% of line 1f)			201,056.	
h	Subtract line 1g from line 1a. If zero o	or less, enter -0-			0.	
i	Subtract line 1f from line 1c. If zero or	or less, enter -0-			0.	
j	If there is an amount other than zero	on either line 1h or l	ine 1i, did the organiza	tion file Form 4720		
	reporting section 4911 tax for this year	ear?				Yes No
	(Some organizations that	t made a section 50	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.
		Lobbying Expen	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total				
2a Lobbying nontaxable amount	733,546.	649,911.	714,875.	804,225.	2,902,557.				
b Lobbying ceiling amount (150% of line 2a, column(e))					4,353,836.				
c Total lobbying expenditures	155,526.	41,618.	27,555.	49,231.	273,930.				
d Grassroots nontaxable amount	183,387.	162,478.	178,719.	201,056.	725,640.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,088,460.				
f Grassroots lobbying expenditures	10,957.	8,161.	18,387.	23,253.	60,758.				

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	lobbying activity.	Yes	No	Amo	ount
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:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5)	, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year?	3		
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."		· .	II-A, line	3, is
_	Dues, assessments and similar amounts from members				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ll.			
_	. , , , ,		20		
	Current year				
	Carryover from last year				
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli				
	and the second s		4		
5	expenditure next year? Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par			3		
Prov	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 lictions); and Part II-B, line 1. Also, complete this part for any additional information.	st); Part II-A	, lines 1 a	nd 2 (See	
	,,,,,				

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

Par	t I Organizations Maintaining Donor Advised Funds	or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Funds 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 writing that	t the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's exclusive	legal control?	Yes No
6	$\mbox{\rm Did}$ the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or donor ad	lvisor, or for any other purpose	e conferring
_	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreation or edu	ucation) Preservation	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	rvation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/0		I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is \ensuremath{I}	ocated	_
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	f
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	lations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easeme	•	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial staten	nents that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of Art, His	storical Transuras, or O	Athor Similar Assats
Fai			Assets.
	Complete if the organization answered "Yes" on Form 990, Part		
1a	If the organization elected, as permitted under FASB ASC 958, not to re	•	
	of art, historical treasures, or other similar assets held for public exhibit	,	•
	service, provide in Part XIII the text of the footnote to its financial stater		
b	If the organization elected, as permitted under FASB ASC 958, to report		
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in fur	therance of public 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 treasures, or		ial gain, provide
	the following amounts required to be reported under FASB ASC 958 re	•	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Schedule D (Form 990) 2021

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Par	rt III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or Ot	her S	imilar As	sets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records,	check any of the fo	ollowing that mak	e signi	ficant use o	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	now they further th	e organization's e	exempt	purpose in	Part XI	II.	
5	During the year, did the organization solicit or	r receive donations of	art, historical treas	ures, or other sim	nilar as	sets			
	to be sold to raise funds rather than to be ma							Yes	No
Par	rt IV Escrow and Custodial Arrang	gements. Complete	e if the organization	n answered "Yes'	on Fo	rm 990, Pa	rt IV, line	e 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contributions	or other assets r	not incl	uded			
	on Form 990, Part X?						. Ш	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:						
							Δ	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fo	* *	•		•		[]	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	rt V Endowment Funds. Complete i					T1			
		(a) Current year	(b) Prior year	(c) Two years bad	k (d)	Three years	back (e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment								
С		%							
	The percentages on lines 2a, 2b, and 2c shou	=							
3a	Are there endowment funds not in the posses	ssion of the organizati	on that are held an	d administered fo	or the o	rganization	l	[<u>v</u>	
	by:						1	Υ.	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza							3b	
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		ment tunas.						
ı uı	Complete if the organization answered		Part IV line 11a So	ee Form 990 Par	t X line	10			
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	-		1 ,	-I\ Dooley	
	Description of property	(a) Cost or oth basis (investme	, ,	,	•	ımulated ciation	"	d) Book v	alue
	Land	,	5.19	3.101)	acpie	S.AUGII			
	Land						1		
	Buildings			134,284.		134,284	+		0.
	Leasehold improvements			90,758.		64,482			26,276.
	Equipment Other			6,524.		5,600	+		924.
	I. Add lines 1a through 1e. (Column (d) must e		column (B) line 10	, ,			+		27,200.
. 5101		yuai ruiii 330, Fall X.	. column (D), line 10	/0./		Sch	edule D		90) 2021

Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	ket value
) Financial derivatives			
Closely held equity interests			
Other			
(A) OTHER SECURITIES	4,750,444.	END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,750,444.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	cet value
(1)		·	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" or			ok valuo
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D	n Form 990, Part IV, line 1		ok value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" or (a) D			ok value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2)			ok value
Complete if the organization answered "Yes" or (a) D (1) (2) (3)			ok value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4)			ok value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5)			ok value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6)			ok value
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al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (Complete if the organization answered "Yes" of (Complete if the organization answered "Yes" of (Column (escription	(b) Boo	
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al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ial. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" of (art X)	escription	(b) Boo	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ial. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	escription	(b) Boo	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ial. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	escription	(b) Boo	
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Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With R	evenue per Re	turri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	18,582,002.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	286,914.		
b	Donated services and use of facilities		113,379.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 4 - 1			
е	Add lines 2a through 2d			2e	400,293.
3	Subtract line 2e from line 1			3	18,181,709.
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	40,489.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	40,489.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,)		5	18,222,198.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		xpenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1	Total expenses and losses per audited financial statements			1	13,157,380.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		113,379.		
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	113,379.
3	Subtract line 2e from line 1			3	13,044,001.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		40,489.		
b	Other (Describe in Part XIII.)	4b			
					40 400
	Add lines 4a and 4b			4c	40,489.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XIII Supplemental Information.			4c 5	40,489. 13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 ort XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 ort XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 ort XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 ort XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 ort XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 ort XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 ort XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 ort XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 ort XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4	5	13,084,490.

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

MERCY FOR ANIMALS, INC.

Name of the organization

54-2076145

Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organization answered "	Yes" on
Form 990, Part I	V, line 14b.			-	
1 For grantmakers. Does	s the organization	n maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance? 🗓	Yes No
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance outs	ide the
United States.					
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n		
(a) Region	(b) Number of	(c) Number of employees,	1	(e) If activity listed in (d)	(f) Total expenditures
	offices in the region	I agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and
	in the region	contractors	recipients located in the region)	of service(s) in the region	investments
		in the region	rediplome legated in the region,		in the region
			GRANTS TO RECIPIENTS		
SOUTH AMERICA		0	LOCATED IN THE REGION		1,244,213.
			CDANIES ES DESTRUENTS		
NORTH AMERICA		0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1 002 211
NORTH AMERICA		0	LOCATED IN THE REGION		1,092,211.
EAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC		0	LOCATED IN THE REGION		19,809.
					123,003.
					1
	_				0.255.000
3 a Subtotal	0	0			2,356,233.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a	_	_			2 256 222
and 3b)	tion Act Notice	0	tions for Form 900	0.1	2,356,233.

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	1,244,213.	WIRE	0.		
		NORTH AMERICA	OPERATING EXPENSES	894,453.	WIRE	0.		
		NORTH AMERICA	OPERATING EXPENSES	197,758.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	OPERATING EXPENSES	19,809.	WIRE	0.		
2 Enter total number of	recipient organization	ns listed above that are a	recognized as charities by the t	oreian country	recognized as a tay			

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021 M	ERCY FOR ANIMALS,	INC.			54-2076145		Page 3
Part III Grants and Other Assistance	ce to Individuals Outsi	de the United Sta	ates. Complete i	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is need	ed.		,			
(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) 2021 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 F (Form 990) 2021

Schedule F (Form 990) 2021

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.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection **Employer identification number**

MERCY FOR A	ANIMALS, INC.				54-207614	5
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	sed funds through any of the followin e X Solicitat f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CYGNUS APPLIED RESEARCH, INC.		Yes	No			
- 205 N. MICHIGAN AVENUE,	FUNDRAISING COUNSEL	100	Х	0.	47,000.	-47,000.
Total			•		47,000.	-47,000.
List all states in which the organization or licensing.						
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,H	I, ID, IL, IN, IA, KS, KY, LA, ME, M	D,MA,	MI,M	N,MS,MO		
AT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, O						

132081 10-21-21

Schedule G (Form 990) 2021

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

SEE PART IV FOR CONTINUATIONS

Pa	art	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
			(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))
en			(event type)	(event type)	(total fidilibel)	
Revenue	1	Gross receipts	796,434.			796,434.
	2	Less: Contributions	736,434.			736,434.
	3	Gross income (line 1 minus line 2)	60,000.			60,000.
	4	Cash prizes				
	5	Noncash prizes	26,890.			26,890.
Direct Expenses	6	Rent/facility costs	883.			883.
ect Ex	7	Food and beverages	1,833.			1,833.
ڃَ	8	Entertainment				32,490.
	9	Other direct expenses				66,805.
	10	,	. ,			128,901.
De	11	1				-68,901.
P	art I		answered "Yes" on Form	990, Part IV, line 19, or	r reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(b) Pull tabs/instant	1	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
_	1	Gross revenue				
es	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through		<u> </u>		
		Net gaming income summary. Subtract line 7				
		Net garning income summary. Subtract line 1	mont line 1, column (a)			<u> </u>
a	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these s	states?		Yes No
•	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
1320	82 10	0-21-21			Sche	edule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 MERCY FOR ANIMALS, INC.	54 - 20	76145	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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:			
а	a The organization's facility		13a	%
b	n outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t		
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	• •			
	Name			
	Address			
16	Gaming manager information:			
10	daming manager information.			
	Name ►			
	Gaming manager compensation > \$			
	Carming manager compensation			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatany diatributions:			
	Mandatory distributions:			
ě	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
	retain the state gaming license?		res	∟ No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
Da	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	-l David	III linna O	0h 10h
ıa	•• · · · · · · · · · · · · · · · · · ·	a Part	III, lines 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
aati	TERRITE OF DARM TO LINE OR LINE OR MENT HIGHEOM DAID BUNDRALGERG.			
SCH	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
, - \				
(I)	NAME OF FUNDRAISER: CYGNUS APPLIED RESEARCH, INC.			
,_,				
(I)	ADDRESS OF FUNDRAISER:			
205	N. MICHIGAN AVENUE, SUITE 810, CHICAGO, IL 60601			

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public

Inspection

Name of the organization MERCY FOR ANII	MALS, INC.						Employer identification number 54-2076145
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$						es" on Form 990, Parl	t IV, line 21, for any
1 (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 noncash assistance	(h) Purpose of grant or assistance
A WELL-FED WORLD 3936 S. SEMORAN BLVD #271 ORLANDO, FL 32822	27-0865905	501(C)(3)	110,600.	0.			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL
GRASSROOTS ARTISTS MOVEMENT 1958 FULTON STREET BROOKLYN, NY 11233	34-1975159	501(C)(3)	15,000.	0.			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL
SUPRSEED, INC 3526 WEST SLAUSON AVENUE LOS ANGELES, CA 90043	82-3768348	501(C)(3)	10,000.	0.			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL
BLACK VEGETARIAN SOCIETY OF MARYLAND - 840 NORTH EUTAW STREET SUITE 2 - BALTIMORE, MD 21201	81-1874876	501(C)(3)	33,000.	0.			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL
AFRO-VEGAN SOCIETY 13 LAURENCE BROOKE ROAD CATONSVILLE, MD 21228	46-4638061	501(C)(3)	43,250.	0.			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL
HIP HOP IS GREEN PO BOX 26742 FEDERAL WAY, WA 98093 2 Enter total number of section 501(c)(3) and	83-1742878		15,000.	0.			THE PEOPLE'S FUND: AMPLIFYING UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

54-2076145

Page 1

Schedule I (Form 990) MERCY FOR ANIMALS, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) INTERNATIONAL DOCUMENTARY FOUNDATION - 3600 WILSHIRE BLVD FUNDING FOR FACTORY 95-3911227 501(C)(3) STE 1810 - LOS ANGELES, CA 90010 150,000. 0. FARMING DOCUMENTARY

54-2076145 MERCY FOR ANIMALS, INC. Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO ENSURE THEY ARE CONSISTENT WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE ACCOMPANIED BY GRANT AGREEMENTS THAT REQUIRE GRANTEES TO USE FUNDS IN A PERMISSIBLE MANNER TO ACHIEVE THE PURPOSE OF THEIR GOALS. SPENDING OF GRANT FUNDS AND PROGRESS

132102 10-26-21 Schedule I (Form 990) 2021

TOWARD OBJECTIVES ARE MONITORED BY DEPARTMENT LEADERS WITH OVERSIGHT FROM

LEADERSHIP. THE BOARD OF DIRECTORS APPROVES THE AMOUNTS OF THE GRANTS

ANNUALLY.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

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

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	31	1,324,206.	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 $_{\dots}$						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (DONATED AUCTI)	Х	210	26,890.	F'MV		
26	Other ()						
27	Other ()						
28	Other (<u> </u>	<u> </u>			
29	Number of Forms 8283 received by the organization of the state of the			1 1			
	for which the organization completed Form 826	83, Part V, L	onee Acknowleag	ement 29		Vaa	T _{NI}
20-	During the year did the experientian receive by	, contributio	n any nyanasty van	arted in Dort Library 1 through	b 00 that it	Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date					20-	x
L	exempt purposes for the entire holding period?	·				80a	 ^
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance process.	ooliov that re	acuires the review	of any nonetandard contribut	ione?	31 X	
31	Does the organization have a grit acceptance p	-	•	•		31 4	\vdash
o∠d				· ·		32a X	
h	If "Yes," describe in Part II.					, <u>.</u> a	
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is chec	ked		
00	describe in Part II.	O.G. 101	a type of property	To which column (a) is thet	,,,,,,		
	GOOGING III I AIL II.						

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

Schedule M (Form 990) 2021

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 THE TOTAL NUMBER OF DONORS
OF NON-CASH ITEMS 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.

SCHEDULE O (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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MERCY FOR ANIMALS INC

Employer identification number 54-2076145

MINET TON INTIMED, THE.	34 2070143
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
CONNECTIONS BETWEEN THE ANIMAL LIVE EXPORT INDUSTRY AND THE AMAZON	
RAINFOREST DEFORESTATION. IN MEXICO, WE UNCOVERED MISTREATMENT AND	
SUFFERING OF ANIMALS AT THE COUNTRY'S LARGEST DAIRY COMPANY, GRUPO	_
LALA.	
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 FACOTRY FARMERS	
TRANSITION TO PLANT-CENTERD BUSINESSES AND CONDUCTING RESEARCH THAT	
WILL EMPOWER THE FARMED ANIMAL PROTECTION MOVEMENT.	
LITIGATION PROGRAM: MERCY FOR ANIMALS HAD FOUR PENDING LAWSUITS AGAINST	
THE USDA, CHALLENGING THE AGENCY'S DEREGULATION OF PIG AND CHICKEN	
SLAUGHTER, ITS FAILURE TO PROTECT SO-CALLED "DOWNED PIGS" IN	
SLAUGHTERHOUSES, AND ITS INADEQUATE RESPONSE PLAN FOR HIGHLY PATHOGENIC	
AVIAN INFLUENZA.	
EXPENSES \$ 4,576,784. INCLUDING GRANTS OF \$ 2,418,599. REVENUE \$ 22,424.	
FORM 990, PART VI, SECTION A, LINE 4:	
THE BYLAWS WERE AMENDED IN NOVEMBER 2021 TO ADD A VICE CHAIR TO THE BOARD	
OF DIRECTORS.	
TODAL DOD DADE III. GEGETON D. I THE 11D	

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** MERCY FOR ANIMALS, INC. 54-2076145 ALL DIRECTORS OF MFA ARE EMAILED AN ELECTRONIC COPY OF THE FORM 990 WITH ITS RELATED STATEMENTS AND SCHEDULES PRIOR TO SUBMITTING IT TO THE IRS. THEIR COMMENTS AND QUESTIONS REGARDING THE FORM 990 ARE ENCOURAGED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH EDUCATING THE DIRECTORS AND COVERED EMPLOYEES ABOUT THE CONTENT OF THE POLICY AND THEIR ONGOING OBLIGATION TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST TO THE GENERAL COUNSEL. AS REQUIRED BY THE POLICY. THE GENERAL COUNSEL REVIEWS ANY SUCH ISSUES AND ADDRESSES THEM IN COMPLIANCE WITH THE PROCESSES SET OUT IN THE POLICY. EACH COVERED PERSON IS ALSO REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE. FORM 990, PART VI, SECTION B, LINE 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, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: TO THE EXTENT GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS, AND

Schedule O (Form 990) 2021	Page 2
Name of the organization MERCY FOR ANIMALS, INC.	Employer identification number 54-2076145
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

(b)	(c)	(d)	(e))		(f)	
Primary activity	Legal domicile (state o foreign country)	I	me End-of-yea	ır assets			g
rganizations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more r	elated tax-exe	mpt	
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section			cont	g) 512(b)(13) trolled tity?
	3 ""		501(c)(3))			Yes	No
TO SUPPORT CORPORATE							
	CANADA					x	
					,		
	rganizations. Complete if the organizatio (b) Primary activity	rganizations. Complete if the organization answered "Yes" on Form 990 (b) (c) Primary activity (c) Legal domicile (state or foreign country) TO SUPPORT CORPORATE ENGAGEMENT PROGRAMS IN	rganizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, to the section (b)	rganizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one (b) Primary activity Legal domicile (state or foreign country) To SUPPORT CORPORATE ENGAGEMENT PROGRAMS IN	rganizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more results to be a complete if the organizati	rganizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exe (b) (c) (d) (e) (f) Direct controlling entity Primary activity Legal domicile (state or foreign country) TO SUPPORT CORPORATE ENGAGEMENT PROGRAMS IN	rganizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt (b)

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 partie sing during the tax year.											
(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	io
										\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	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(b contr enti	tion b)(13) olled ity?
		country)		or trusty		400010		Yes	No
								ــــــ	<u> </u>

Page 2

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	b Gift, grant, or capital contribution to related organization(s)								
С	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)						Х		
f	Dividends from related organization(s)				1f		х		
	g Sale of assets to related organization(s)								
	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)								
k	k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)									
	Reimbursement paid to related organization(s) for expenses						x		
q	q Reimbursement paid by related organization(s) for expenses								
r	Other transfer of cash or property to related organization(s)				1r	_	X		
S	s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instructions for information on whether the second of the above is "Yes," see the instruction of the above is "Yes," and "Yes," is also also also also also also also als	ho must complete th	nis line, including covered i	relationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount involved				
(1) ¹	ERCY FOR ANIMALS - CANADA	В	197,758.	ACTUAL					
(O)									
(4)									
(3)									
(4)									
(5)									

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

132165 11-17-21 Schedule R (Form 990) 2021