Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public

		mormation about Form 990 and its instructions is at www.irs	s.govnorinaao.		inspection
<u>A</u> _	For the 2015	calendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization		Employer	identification number
	Address change	Mercy For Animals			
\equiv	· ·	Doing business as		54-20	076145
Ц	Name change	Number and street (or P.O. box if mail is not delivered to street address)		Telephone	
П	Initial return	8033 Sunset Blvd. RM/STE 864			632-6446
Ħ	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
Ш	terminated	Los Angeles CA 90046	1_		eipts\$ 6,959, 4 06
X	Amended return	F Name and address of principal officer:		Gross rece	eipts 0,939,400
一	Application ponding		H(a) Is this a group	return for s	ubordinates? Yes X No
Ш	Application pending	Nathan Runkle	',', 5		
			H(b) Are all subore	dinates inclu	uded? Yes No
			If "No," a	ttach a list.	(see instructions)
1	Tax-exempt status	s:	7		
÷		www.MercyForAnimals.org	H/s) Crown overn	tion numbo	. 🕪
<u></u>			H(c) Group exemp		
5000	Form of organization		ear of formation: 20	02	M State of legal domicile: OH
	T	ummary			
	1 Briefly	describe the organization's mission or most significant activities:			
ø	Mer	cy For Animals (MFA) is dedicated to preventing crue	elty to far	rmed	
2	ani	mals and promoting compassionate food choices and p	olicies.		
Ë	*******				
Governance	0 Obselv		· · · · · · · · · · · · · · · · · · ·		
Ö	I	this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net asse	1 1	
ಂಶ	3 Number	r of voting members of the governing body (Part VI, line 1a)		3	3
88	4 Number	r of independent voting members of the governing body (Part VI, line 1b)		4	2
Λiti	5 Total no	umber of individuals employed in calendar year 2015 (Part V, line 2a)		5	39
Activities	6 Total n	umber of volunteers (estimate if necessary)		6	700
•	l .	exploted hypinoge systems from Dert VIII column (C). line 42		7a	0
	i .	related business teveride from Part VIII, column (C), line 12		7b	
	b Net uni	elated business taxable income from Form 990-1, line 54	Prior Year	1 /0	Current Year
	9 Contrib	utions and grants (Dart VIII line 1h)	4,942	200	6,628,408
e	1	utions and grants (Part VIII, line 1h)	3,332	, 200	
Revenue	II.	n service revenue (Part VIII, line 2g)			0
ě	10 Investm	nent income (Part VIII, column (A), lines 3, 4, and 7d)		,137	13,647
Œ	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33	, 675	73,618
	12 Total re	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,986	,012	6,715,673
	1	and similar amounts paid (Part IX, column (A), lines 1–3)		,515	0
	1	s paid to or for members (Part IX, column (A), line 4)		/	
	1	· · · · · · · · · · · · · · · · · · ·	768	,347	1 207 726
S		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	/ 04	,341	1,387,736
Sus		ional fundraising fees (Part IX, column (A), line 11e)			272,861
Expenses	b Total fu	indraising expenses (Part IX, column (D), line 25) ▶ 1,003,965			
ω	17 Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,544	,426	2,511,203
	18 Total e	xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,544	,288	4,171,800
		ie less expenses. Subtract line 18 from line 12	2,441		2,543,873
58	3	o rose superiode. Substitute for front line 12	Beginning of Curre		End of Year
Net Assets or	20 Total a	ssets (Part X, line 16)	5,313		7,940,074
88	21 Total lia	philitios (Part V. lino 26)		,949	92,037
女	21 10(a) 10				7,848,037
		sets or fund balances. Subtract line 21 from line 20	5,304	, 104	1,040,031
		Signature Block			
U	nder penalties o	of perjury, I declare that I have examined this return, including accompanying schedules and statement	nts, and to the best	t of my kn	owledge and belief, it is
tr	ue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer I	nas any knowledge.		
		Tule Coors		3 -	・フーマローフ
Sig	an 🏴	Signature of officer		Date	
He	- \	Derek Coons Treas	urer		
110		Type or print name and title	urer		
	Drint (T.		T 5-4:		TEP DTW
Do:	ا سا		Date	Check	X if PTIN
Pai	Robe.	rt G. Gillette Robert G. Gillette	03/07/1	L7 self-em	ployed P00234963
	parer Firm's		Fim	n's EIN ▶	
Use	e Only	4170 Oxford Dr			
	Firm's	address Columbus, OH 43220	Dho	one no.	614-459-7864
Mar		uss this return with the preparer shown above? (see instructions)	I FIIC	110.	X Yes No
	,	that the preparer enemi above, (ode methodololo)			42 140 140

4d	Other	program	services	(Describe	in	Schedule	O.)

(Expenses \$ 727,206 including grants of \$

) (Revenue \$

4e Total program service expenses 2,966,153

Form 990 (2015) Mercy For Animals 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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	. 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			₹.
_	"Yes," complete Schedule D, Part I	. 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1_		₹.
_	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			x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted	. 9		Α
10		10		x
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. 10		A
••	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,"			
u		11a	x	
b	complete Schedule D, Part VI 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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3,7
40	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	4.0		v
17	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	17	x	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	. 17	Α.	
10	Part VIII lines 1e and 9e2 If "Vee " complete Schedule C. Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	· 10		
	If "Yes," complete Schedule G, Part III	. 19		x
	.,			

Form 990 (2015) Mercy For Animals Part IV Checklist of Required Schedules (continued)

			Yes	_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
4a	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		X
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-evemnt honds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<i>,</i> u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051-		v
_	If "Yes," complete Schedule L, Part I	25b		X
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	0.4		X
_	Part I	31		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			₹.
_	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	
5а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	white the second of the O.K. We are state Orbital to D. De LVV II as O.	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Dert VI	97		X
0	Part VI			
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X) (20°

Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	,				
	oned in conduct o contained responds of note to any line in the fact of				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
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	2a	39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	iariciai		10		x
b	account)? If "Yes," enter the name of the foreign country:			4a		A
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun				
	(FBAR).	cooul				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?				X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
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 contribution	ons 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		_		77
	and services provided to the payor?			<u>7a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u>7b</u>		
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	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	$\overline{}$! !?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		••	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а						L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:	ا مدا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b	<u> </u>			
a		11a				
b	Gross income from members or snareholders Gross income from other sources (Do not net amounts due or paid to other sources	IIa				
•	against amounts due or resolved from them	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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		1			
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a						X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		1

Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 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 in Schedule O. 2 Enter the number of voting members included in line 1a, above, who are independent 1b 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 X 6 Did the organization have members or stockholders? 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a X 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? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **All staates requiring filing** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: Derek Coons, Treasurer 8033 Sunset Blvd., STE 864

866-632-6446

CA 90046

Los Angles

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⊢orm	990	(2015)	Mercy	LOT	AIITIIIGIS

54-2076145

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Form **990** (2015)

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Part VII	Compensation of Officers, Directors,	, Trustees, Key Employees, Highest Compensated En	mployees, 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

compensated employees; and forme Check this box if neither the org	•		ated	orga	aniza	tion con	npensated any current office	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	rson i	than one so both an or/trustee) Highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Matthew Allen R	ce 40.00								
Secretary	0.00	x		x			63,333	o	O
(2) Nathan Runkle							33,333		
	50.00								
Chairman & President	0.00	X		X			0	0	0
(3) Derek Coons	2.00								
Treasurer	0.00	X		X			0	0	0
(4) Nikki Bollaert Development Director	40.00					x	103,930	0	o
(5)	0.00					A	103,930	<u> </u>	
(6)									
(7)									
(8)									
(9)									
•									
(10)									
(11)									
·	<u>.</u>								
									200

Pa	(A) Name and title	(B) Average hours per week	(B) (C) Average Position hours per (do not check more than one week box, unless person is both are (list any officer and a director/trustee						(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe	t of r	
		hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from t organiza and rela organiza	he ition ated	
1b c d	Sub-total Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	Secti	ion A	Δ				167,263					
2	Total number of individuals (in reportable compensation from	cluding but not li		d to	thos	e lis	ted a	abov		\$100,000 of	1			
3	Did the organization list any for	ormer officer, dire	ector	r, or					loyee, or highest compensa	ated			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on lin- organization and related organ individual	e 1a, is the sum nizations greater	of rethan	eport \$15	table 50,00	con 0? I	npen	satio	on and other compensation	ch		4		X
5	Did any person listed on line for services rendered to the or		crue	com	pens	atior						5		X
Sect	ion B. Independent Contracto	•	C3,	COII	ipicio	, OCI	ieuu	iic J	TOT SUCT PERSON			<u> </u>		
1	Complete this table for your fir compensation from the organization	zation. Report co							dar year ending with or with	in the organization's tax ye	ear.		(0)	
	Name and	(A) business address							Descript	(B) ion of services		Со	(C) mpensati	on
2	Total number of independent received more than \$100,000								se listed above) who	0			000	

Pa	rt V		nent of Reve if Schedule (tains a	response c	or note to any line	in this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated car	mpaigns	1a						
ou ou	b	Membership o		1b						
s, (Am	С	Fundraising e	vents	1c						
a it	d	Related organ	nizations	1d						
ii.	е	Government grants		1e						
ion S	f	All other contribution	ns, gifts, grants,							
tet Tet		and similar amounts	not included above	1f	6,	628,408				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution	ns included in lines 1a	ı-1f:	5	128,345				
<u>ಇ ೧</u>	h	Total. Add line	es 1a–1f				6,628,408			
Service Revenue						Busn. Code				
š	2a									
2	b									
<u>×</u>	С									
Ser	d									
Program	е									
ogu	f	All other progr	ram service reve	enue						
<u>~</u>	g	Total. Add line	es 2a–2f							
	3		come (including							
		and other sim	ilar amounts)				13,647			13,647
	4		nvestment of tax							
	5	Royalties								
			(i) Real		(ii)	Personal				
	6a	Gross rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)								
	_d		ome or (loss)							
	/a	Gross amount from sales of assets	(i) Securities	3	(ii) Other				
		other than inventory	,							
	b	Less: cost or other								
		basis & sales exps.								
	С	Gain or (loss)								
	d	Net gain or (lo	oss)							
a	8a		om fundraising eve							
venue		(not including \$	1,037,	844						
Reve		of contributions i	reported on line 1c	:).						
<u>κ</u>		See Part IV, line	18	а		211,025				
Other	b		xpenses			118,684				
O	С	Net income or	(loss) from fund	draising	events		92,341			
	9a		om gaming activitie							
			19							
	b	Less: direct ex	xpenses	b						
	С	Net income or	r (loss) from gan	ning ac	tivities					
	10a	Gross sales of	f inventory, less							
		returns and al	llowances	а		106,326				
	b	Less: cost of of	goods sold	b		125,049				
	С	Net income or	(loss) from sale	es of inv	entory		-18,723			-18,723
		Miso	cellaneous Revenue			Busn. Code				
	11a									
	b									
	С									
	d		nue							
			es 11a–11d							
	12	Total revenue	e. See instructio	ns.			6,715,673	0	0	-5,076

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 63,333 63,333 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,140,521 724,009 66,710 349,802 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 79,878 47,869 6,653 25,356 Other employee benefits 104,004 69,368 5,566 29,070 10 Payroll taxes Fees for services (non-employees): Management b 12,377 12,377 С Accounting d 272,861 272,861 Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 270,602 728 132,119 137,755 (A) amount, list line 11g expenses on Schedule O.) 6,751 701,686 694,935 Advertising and promotion 12 46,591 7,996 227,980 Office expenses 282,567 13 106,571 54,258 5,990 46,323 Information technology 14 Royalties 15 111,160 367,217 92,516 4,313 14,331 Occupancy 16 318,410 2,349 46,458 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 35,775 35,775 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 51,356 5,<mark>9</mark>78 41,385 3,993 22 Depreciation, depletion, and amortization 69,791 77,437 6,161 1,485 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 16,935 441,626 411,460 13,231 Contract labor 52,829 40,939 11,890 Supplies All other expenses 4,171,800 2,966,153 201,682 1,003,965 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fordering solicitation. Check here 598,633 407,617 83,656 107,360 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 873,888 1,019,043 Cash—non-interest bearing Savings and temporary cash investments 3,147,557 3,410,372 570,432 1,647,209 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use 46,336 32,545 8 Prepaid expenses and deferred charges 54,579 37,174 10a Land, buildings, and equipment: cost or 292,962 other basis. Complete Part VI of Schedule D 10a 10b 125,946 154,784 167,016 **b** Less: accumulated depreciation 10c Investments—publicly traded securities 465,537 1,626,715 11 11 12 12 Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 5,313,113 7,940,074 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 8,949 34,537 17 17 Grants payable 18 18 57,500 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 8,949 92,037 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 5,304,164 7,848,037 Unrestricted net assets 27 Temporarily restricted net assets 28 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ō complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds š 32 5,304,164 7,848,037 Total net assets or fund balances Total liabilities and net assets/fund balances 5,313,113 7,940,074 34

Form **990** (2015)

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

MFA3 Mercy For Animals 3/7/2017 4:47 AM **Federal Statements**

FYE: 12/31/2015

54-2076145

Form 990 - Federal General Footnote

Description

SUBSIDIARY

During 2014 the Board of Directors of Mercy For Animals (USA) also became the Board of Directors of Mercy For Animals Canada, a Canadian nonprofit organization. Because of this common control Mercy For Animals Canada is considered a subsidiary of Mercy For Animals (USA). Mercy For Animals (USA) has elected not to audit or combine the financial statements of Mercy For Animals Canada with Mercy For Animals (USA) in the financial statements. If the financial statements were consolidated the assets and equity of Mercy For Animals (USA) would be increased by \$250,916. Additionally, revenue would be increased by \$185,102 and expenses would be increased by \$382,501 for the year then ended.

SCHEDULE A (Form 990 or 990-EZ)

[FOIIII 990 OI 990-EZ]

Department of the Treasury Internal Revenue Service Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Mercy For Animals 54-2076145 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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). (ii) EIN (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Total

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	tion A. Public Support			-			
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,682,987	2,318,281	2,929,906	4,942,200	6,628,408	18,501,782
2	Tax revenues levied for the organization'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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,682,987	2,318,281	2,929,906	4,942,200	6,628,408	18,501,782
6	Public support. Subtract line 5 from line 4.						3,982,061 14,519,721
	tion B. Total Support						14/31///21
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,682,987	2,318,281	2,929,906	4,942,200	6,628,408	18,501,782
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,210	9,806	13,665	10,137	13,647	53,465
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.)	25,318	40,294	49,775	73,287		188,674
11	Total support. Add lines 7 through 10						18,743,921
12	Gross receipts from related activities, etc.						211,025
13	First five years. If the Form 990 is for the	•		•		. , . ,	
500	organization, check this box and stop her tion C. Computation of Public St						
14	Public support percentage for 2015 (line 6	• •		n (f))		14	77.46%
15	Public support percentage from 2014 Sche						74.50%
16a	33 1/3% support test—2015. If the organ			13 and line 14 is 3			74.50 /0
	box and stop here. The organization qual			tion			▶ X
b	33 1/3% support test—2014. If the organ						
	check this box and stop here. The organia	zation qualifies as	a publicly supporte	ed organization			▶ □
17a	10%-facts-and-circumstances test-201	15. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa	acts-and-circumstar	nces" test. The org	ganization qualifies	as a publicly sup	ported	
b	organization 10%-facts-and-circumstances test—201						
b	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization m				-		
	aumorted argenization					•	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

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

(Complete only if you checked the box on line 9 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.)

S00	tion A. Public Support	quality under ti	ie tests listeu t	below, please c	ompiete Part i	l. <i>)</i>	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total
1	Gifts, grants, contributions, and membership	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)	
	organization, check this box and stop here						▶
	tion C. Computation of Public Su					T T	
15	Public support percentage for 2015 (line 8,						<u>%</u>
16 Soo	Public support percentage from 2014 Sche					16	<u>%</u>
	tion D. Computation of Investme			column (f))		17	0/
17 10	Investment income percentage for 2015 (li Investment income percentage from 2014		III II: 47			1 40	<u> %</u> %
18 19a	33 1/3% support tests—2015. If the organ						70
ısa	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2014. If the organ	-	-				· ⊔
-	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did	-	•				▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined in 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 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
	168	NO
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
46.		
10b	or 000 F	

Pa	age	5

Sched	ule A (Form 990 or 990-EZ) 2015 METCY FOF ANIMALS	54-20/6145		Page 5
Par	t IV Supporting Organizations (continued)		I	
	The the constant of the first o		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V			
	on B. Type I Supporting Organizations	. , , , , , ,	I	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Coot	supervised, or controlled the supporting organization.	2		
Secu	on C. Type II Supporting Organizations			N.
	Mare a majority of the association's dispeters or trustees during the tay year also a majority of the dispeters		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	e e		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI hor	N		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
Secti	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	oo instructions):		
1 a	The organization satisfied the Activities Test. Complete line 2 below.	ee msuuchons).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government of	entity (see instructions).		
		, () = = = = = = = = = = = = = = = = = =		
2 /	Activities Test. Answer (a) and (b) 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
h	trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: it is too, describe in i art vi the role played by the organization in till this regard.	1 30	1	

Schedule A (Form 990 or 990-EZ) 2015 Mercy For Animals		54-2076	145	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizatio	ons		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	on Nov. 20, 197	0. See instructions. All		
other Type III non-functionally integrated supporting organizations must complete	Sections A throu	ıgh E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Curre	nt Year
		(A) I Hol Teal	(optio	nal)
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			
Section B - Minimum Asset Amount	, l	(A) Prior Year	(B) Curre (optio	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e 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 1-1/2% 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 .035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current	Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 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-functionally-inte	egrated Type III	supporting organization	(see	
instructions)	* *			

Schedule A (Form 990 or 990-EZ) 2015

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	<u> </u>
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
<u>a</u> b				
C				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>	Fugges from 2012			
	Excess from 2013			
	Excess from 2014			
<u>е</u>	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

	Form 990 or 990-EZ) 2015 Merc			54-2076145	Page 8
Part VI	Supplemental Information III, line 12; Part IV, Section AB, lines 1 and 2; Part IV, Sec 3a and 3b; Part V, line 1; Part V, line V, lin	A, lines 1, 2, 3b, 3c, 4 ction C, line 1; Part I\	b, 4c, 5a, 6, 9a, 9b, 9c, 11a /, Section D, lines 2 and 3;	a, 11b, and 11c; Part IV, Sec Part IV, Section E, lines 1c,	tion 2a, 2b,
	lines 2, 5, and 6. Also comp				ion E,
Part I	I, Line 10 - Other	Income Deta	i1		
	of inventory				
Sale 0	or inventory		\$ 188,674		
•					
•					

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

2015

Mercy For Anim	mals	54-2076145					
Organization type (check one	e):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
•	overed by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See					
General Rule							
_ •	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determine tributions.						
Special Rules							
regulations under sect 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Par hat received from any one contributor, during the year, total contributions of the greater of a mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I	rt II, line of (1)					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
contributor, during the contributions totaled m during the year for an General Rule applies	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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (F st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, o	990-EZ or on its					

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

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

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

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

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

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

• (Section 501(c)(4), (5), or (6) organizations: Complete Part III.	•			
Nam	e of organization			Employer ident	ification number
	Mercy For Animals			54-20761	
Pa	rt I-A Complete if the organization is exem	pt under section 501(c)	or is a section	on 527 organization	on.
1	Provide a description of the organization's direct and indire	ct political campaign activities	in Part IV.		
2	Political expenditures			\$	
3	Volunteer hours				
Pa	rt I-B Complete if the organization is exem				
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955			
2	Enter the amount of any excise tax incurred by organization			\$	
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is exem	•	•	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion		
	activities			\$	
2	Enter the amount of the filing organization's funds contributed	· ·			
	527 exempt function activities			\$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent			_	
	line 17b			\$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification nu	, ,	_		
	organization made payments. For each organization listed,	•	0 0		
	the amount of political contributions received that were pro			-	
	as a separate segregated fund or a political action committee				(-) A
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)					*
(')					
(2)					
(-)					
(3)					
(-,					
(4)					
(5)					
(6)					
				1	

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

Schedule C (Form 990 or 990-EZ) 2015

Sch	hedule C (Form 990 or 990-EZ) 2015 Mercy	For Animals	54-2076145	Page 2
P	Part II-A Complete if the organiza	ation is exempt under section 501(c)(3)	and filed Form 5768 (ele	ction under
	section 501(h)).			
Α	Check if the filing organization	n belongs to an affiliated group (and list in	ı Part IV each affiliated gro	up member's
		expenses, and share of excess lobbying e	•	
В	Check if the filing organization	n checked box A and "limited control" pro	visions apply.	
		bying Expenditures	(a) Filing	(b) Affiliated
	· · · · · · · · · · · · · · · · · · ·	eans amounts paid or incurred.)	organization's totals	group totals
		olic opinion (grass roots lobbying)		
		egislative body (direct lobbying)		
		nd 1b)		
	d Other exempt purpose expenditures			
	e Total exempt purpose expenditures (add line	es 1c and 1d)		
	f Lobbying nontaxable amount. Enter the amount	ount from the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
	g Grassroots nontaxable amount (enter 25% of	of line 1f)		
	h Subtract line 1g from line 1a. If zero or less,	enter -0-		
	i Subtract line 1f from line 1c. If zero or less,			
	•	ner line 1h or line 1i, did the organization file Form 4		
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under section 5	01(h)	
	(Some organizations that made	a section 501(h) election do not have to co	omplete all of the five colum	nns below.
	Se	e the separate instructions for lines 2a thr	ough 2f.)	

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount (150% of line 2a, column(e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2015

Page 3

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	า 5768	ı		
			(a	a)		(b)	
		" response on lines 1a through 1i below, provide in Part IV a detailed the lobbying activity.	Yes	No		Amo	unt	
1	During the	year, did the filing organization attempt to influence foreign, national, state or local						
	legislation	including any attempt to influence public opinion on a legislative matter or						
	referendu	n, through the use of:						
	Volunteers		X					
b	Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?	X					
		vertisements?		X				
d	Mailings to	members, legislators, or the public?		X				
е	Publication	ns, or published or broadcast statements?		X				
f	Grants to	other organizations for lobbying purposes?		X				
g	Direct cor	tact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, de	emonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
	Other act		X					461
j	Total. Add	lines 1c through 1i					<u>17,</u>	461
2a	Did the ad	tivities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
		nter the amount of any tax incurred under section 4912		-				
		nter the amount of any tax incurred by organization managers under section 4912						
		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) 501(c)(6).)(5), 	or se	ction			
					ſ		Yes	No
		stantially all (90% or more) dues received nondeductible by members?				1		_
		ganization make only in-house lobbying expenditures of \$2,000 or less?				2	<u> </u>	
	Did the or	ganization agree to carry over lobbying and political expenditures from the prior year?				3		
		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.") Parl		line	3, is	•
		essments and similar amounts from members		1				
2		62(e) nondeductible lobbying and political expenditures (do not include amounts of						
		expenses for which the section 527(f) tax was paid).						
a	Current ye	ear		2a				
		from last year		2b			—	
				2c 3				
		amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			—	
4		were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
		es the organization agree to carryover to the reasonable estimate of nondeductible lobbying		4				
-	•	al expenditure next year?		4				
Par		mount of lobbying and political expenditures (see instructions)		5				
Provide 2 (see	de the des e instruction chedul	criptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part Ins); and Part II-B, line 1. Also, complete this part for any additional information. e C, Part II-B, Line 1 Alert emails and agricultural abuse protests.		nes 1 a	nd			

Schedule C (Forn	n 990 or 990-EZ) 2015	Mercy	For	Animals	54-2076145	Page 4
Part IV	n 990 or 990-EZ) 2015 Supplemental	Information	on (co	ntinued)		
					 	• • • • • • • • • • • • • • • • • • • •
					 	• • • • • • • • • • • • • • • • • • • •

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

15 Open to Public

Employer identification number

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Inspection

OMB No. 1545-0047

М	ercy For Animals		54-2076145
	rt I Organizations Maintaining Donor Advised Fo	unds or Other Similar Funds or	
	Complete if the organization answered "Yes" on		
		(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 the	nat the assets held in donor advised	
	funds are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pá	rt II Conservation Easements.	E 000 B (N/ E 7	
	Complete if the organization answered "Yes" on		
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (e.g., recreation or education)	—	
	Protection of natural habitat	Preservation of a certified histor	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a cons	servation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included in (c) acquired after 8/1		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organization	ation during the
	tax year		
4	Number of states where property subject to conservation easement i		
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation of	easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations, and enforcing conservation ease	ments during the year
	\$		
8	Does each conservation easement reported on line 2(d) above satisf		··
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease	•	
	balance sheet, and include, if applicable, the text of the footnote to t	ne organization's financial statements that	describes the
D	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art	Historical Traccures or Other	Cimilar Assats
Г	rt III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on		Sillilai Assets.
			holomoo ahaat
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), works of art, historical treasures, or other similar assets held for publications.		
	public service, provide, in Part XIII, the text of the footnote to its final		
h	If the organization elected, as permitted under SFAS 116 (ASC 958),		
b	works of art, historical treasures, or other similar assets held for public	•	
	•	to Calibration, Education, Of 1656aton III luit	TICIANGE OF
	public service, provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures,	or other similar assets for financial sein as	rovide the
2	_	•	TOVIGE LIFE
_	following amounts required to be reported under SFAS 116 (ASC 95)		¢
d L	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		D

-A3 U	3/01/2017 4.47 AW								
Sche	dule D (Form 990) 2015 Mercy For	r Animals			54-20761	45		Р	age 2
_	art III Organizations Maintaining		rt. Historical Tr	easures. c	or Other Simi	lar Assets	(contin		3
3								,	
	collection items (check all that apply):								
а	Public exhibition	d 🗌 Lo	oan or exchange pro	grams					
b	Scholarly research	e 🗌 O	ther						
С	Preservation for future generations	_							
4	Provide a description of the organization's co	ollections and explain h	now they further the	organization's	exempt purpose	in Part			
	XIII.								
5	During the year, did the organization solicit	or receive donations of	art, historical treasu	res, or other s	similar		_	_	_
	assets to be sold to raise funds rather than		rt of the organization	n's collection?			Ye	es _	No
Pa	ert IV Escrow and Custodial Ar	•							
	Complete if the organization	n answered "Yes" o	on Form 990, Pa	rt IV, line 9), or reported a	an amount o	on Forn	า	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions o	or other assets	s not			_	7
							Ye	s L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:						
							Amoun	i .	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year								
f	Ending balance					1f			_
	Did the organization include an amount on F							· -	No
	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	lanation has been p	rovided on Pa	art XIII				
Pa	rrt V Endowment Funds.	1 (0 ()	D						
	Complete if the organization						1		
	-	(a) Current year	(b) Prior year	(c) Two year	rs back (d) Th	ree years back	(e) Fou	r years	back
	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and								
	losses						-		
	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
	Administrative expenses								
	End of year balance			L					
	Provide the estimated percentage of the cur	,	(line 1g, column (a))	neid as:					
	Board designated or quasi-endowment	%							
	Permanent endowment %	0/							
С	Temporarily restricted endowment								
0-	The percentages on lines 2a, 2b, and 2c sho				5				
зa	Are there endowment funds not in the posse	ession of the organization	on that are neid and	administered	for the		1	Vaa	N.
	organization by:						2=(1)	Yes	No
	(i) unrelated organizations						3a(i)		
L									
D 4	If "Yes" on line 3a(ii), are the related organiz						3b		
Pa	Describe in Part XIII the intended uses of the lart VI Land, Buildings, and Equ		ment lunds.						
га	Complete if the organization		n Form 990 Pa	rt IV line 1	1a See Form	990 Part \	(line 1	0	
	Description of property	(a) Cost or other bas			(c) Accumulate	ı	(d) Book		
	···· p··· ··· p··p····	(investment)	(other		depreciation		(-,		
12	Land	<u> </u>	1						
	Buildings								
~	· · • • · · · · · · · · · · · · · · · ·	•	<u> </u>	24 224		204			000

134,284 158,678

Schedule D (Form 990) 2015

59,890 107,126

167,016

74,394 51,552

e Other

c Leasehold improvements d Equipment

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

Schedule D (Form 990) 2015 Mercy For Animals
Part VII Investments—Other Securities. 54-2076145

1 0 1	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11b. 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 market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
(0) 011			
(Δ)			
(B)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 25.)		
	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's	s financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

DAA

Schedule D (Form 990) 2015 Mercy For Animals	54-207	6145	Page 4
Part XI Reconciliation of Revenue per Audited F	•	er Return.	
Complete if the organization answered "Yes			
1 Total revenue, gains, and other support per audited financial sta		1	6,715,673
2 Amounts included on line 1 but not on Form 990, Part VIII, line	1 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)		_	
e Add lines 2a through 2d		2e	C 71E C73
3 Subtract line 2e from line 1		3	6,715,673
4 Amounts included on Form 990, Part VIII, line 12, but not on line			
a Investment expenses not included on Form 990, Part VIII, line 7			
b Other (Describe in Part XIII.)			
			6 71E 673
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990,		5	6,715,673
Part XII Reconciliation of Expenses per Audited		per Return.	
Complete if the organization answered "Yes	on Form 990, Part IV, line 12a.		4 171 000
1 Total expenses and losses per audited financial statements		1	4,171,800
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	<u>2b</u>		
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	4 171 900
3 Subtract line 2e from line 1		3	4,171,800
4 Amounts included on Form 990, Part IX, line 25, but not on line	I I		
a Investment expenses not included on Form 990, Part VIII, line 7			
b Other (Describe in Part XIII.)	4b	4.	
 c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990 	Port Line 40	4c 5	4,171,800
	, Part I, line 16.)	5	4,1/1,000
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	ines 1a and 4: Part IV lines 1h and 2h: Part V li	ne 1: Part Y line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comple		ic 4, i ait X, iii k	•
2, Fart XI, IIII 65 24 dita 45, dita 1 dit XII, IIII 65 24 dita 45. 7100 0011pie	te the part to provide any additional information.		
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Schedule D (Fo	orm 990) 2015 🛮 🛚 🕽	Mercy For A	Animals	54-2076145	Page 5
Part XIII	Supplemental	I Information (co	ontinued)		
	- Сиррістопи		<u> </u>		
				 	• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •				 	
•				 	
• • • • • • • • • • • • • • • • • • • •				 	
• • • • • • • • • • • • • • • • • • • •				 	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Mercy For Animals	}				Employer identificati 54-20761	
Fundraising Activities. Complete	if the organization			ed "Yes" on Form 99		
Form 990-EZ filers are not required	•			Observe all these seconds.		
1 Indicate whether the organization raised funds throug	_					
a X Mail solicitations	e X Solicitation					
b X Internet and email solicitations	f Solicitation	-		-		
c X Phone solicitations	g X Special fur	idraisin	ig ev	ents		
d X In-person solicitations		C 1 1		Constant to the state of		
2a Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or entb If "Yes," list the ten highest paid individuals or entities	ity in connection with	profes	ssion	al fundraising services?		X Yes No
compensated at least \$5,000 by the organization.	(iuiiuiaiseis) puisua			ments under which the lu	nuraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custod contribu	have dy or ol of	(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
Mal Warwick Donor Digital		Yes	No			
1 2550 Ninth Street, STE 103	Man a maman t				272 061	•
Berkeley CA 94710	Management	X		0	272,861	0
2						
3						
4						
5						
6						
7						
,						
8						
9						
10						
Total					272,861	
List all states in which the organization is registered or registration or licensing. All states	or licensed to solicit o	ontribu	utions	or has been notified it is	exempt from	
•						

Schedule G (Form 990 or 990-EZ) 2015 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

_		gross receipts g	reater triair 40,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Special events		None	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	211,025			211,025
		Lance Combile diama				
		Less: Contributions				
	3	Gross income (line 1 minus line 2)	211,025			211,025
_		III le 2)	211/025			211/025
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	118,684			118,684
	10	Direct expense summary.	Add lines 4 through 9 in column (d	1)	•	118,684
	11	Net income summary. Su	btract line 10 from line 3, column (d			92,341
P	art	III Gaming. Com	plete if the organization answ	vered "Yes" on Form 990, F	Part IV, line 19, or report	ted more
		than \$15,000 o	n Form 990-EZ, line 6a.			
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Elligo	bingo/progressive bingo	(b) Other garming	col. (a) through col. (c))
Sev						
_	1	Gross revenue				
ses	2	Cash prizes				
sua	_					
Direct Expenses		Noncash prizes				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary.	Add lines 2 through 5 in column (c	d)	>	
	8	Net gaming income sumn	nary. Subtract line 7 from line 1, co	lumn (d)	>	
9	Ent	ter the state(s) in which the	e organization conducts gaming act	tivities:		
		the organization licensed to No," explain:	conduct gaming activities in each	of these states?		Yes No
			s gaming licenses revoked, suspen		year?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2015	ercy	For	Animals		54-207614	5		Pag	ge 3
11	Does the organization conduct gaming acti							Ye	s	No
12	Is the organization a grantor, beneficiary or						_	_	_	_
	formed to administer charitable gaming? \hdots							Ye	s	_ No
13	Indicate the percentage of gaming activity					1	ı			
а	The organization's facility					<u>13a</u>	_			<u>%</u>
b	An outside facility					<u>13b</u>				<u>%</u>
14	Enter the name and address of the person	wno prej	oares tn	e organization's	gaming/special events books and					
	records:									
	Name									
	Turne									
	Address									
15a	Does the organization have a contract with	a third p	arty fron	n whom the orga	anization receives gaming			_		
	revenue?							Ye	s 🗌] No
b	If "Yes," enter the amount of gaming reven	ue receiv	ed by th	e organization	\$ and	the				
	amount of gaming revenue retained by the	-	y \$							
С	If "Yes," enter name and address of the thin	rd party:								
	Name									
	Address									
	Address									
16	Gaming manager information:									
	Carriing manager information.									
	Name									
	Gaming manager compensation \$									
	Description of services provided									
	Director/officer Employe	ee	Ш	Independent of	ontractor					
47	Name data and distributions									
17 a	Mandatory distributions: Is the organization required under state law	, to make	charita	hle dietributione	from the gaming proceeds to					
u					0 01		Г	Υe		No
b	Enter the amount of distributions required u				o other exempt organizations or		_	۰. ر	.5 _	٠.٠٠
	spent in the organization's own exempt acti				- career errorript original and the					
Par	t IV Supplemental Information	1. Provi	de the	explanations	required by Part I, line 2b, colu	ımns (iii) and (v); aı	nd		
	Part III, lines 9, 9b, 10b, 15	b, 15c,	16, an	d 17b, as ap	plicable. Also provide any additi	ional information) (s	ee		
	instructions).									
Sc	h G, Part I, Line 2b,	Col	(111	.) – Cus	tody or Control Arr	angement				
	l Warwick Donor Digita	3T								
No	ne									
C ~	n G, Part I, Line 2b,	COl	(37)	_ Fund~	aising ws Paimburs	oment Fra	1 2:		10.	 n
	l Warwick Donor Digita		.CX7.	- Fundi	araing va. Keimpura	ement Exp.	Lai	ıat	ΤΟ1	
No	······· ·	•••								
-10										
										• • • •
							• • • • •			
					Sch	nedule G (Form 99	0 or	990	EZ) 2	2015

SCHEDULE M (Form 990)

Noncash Contributions

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Mercy For Animals

Employer identification number 54-2076145

Pa	art I Types of Property									
		(a)	(b)	(c) Noncash contribution		((d)			
		Check if	Number of contributions or	amounts reported on			determining			
		applicable	items contributed	Form 990, Part VIII, line 1g		noncash cont	ribution amounts	S		
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	X	14	128,345	<u>Fair</u>	Market	<u>Value</u>			
10	Securities — Closely held stock									
11	Securities — Partnership, LLC,									
	or trust interests									
12	Securities — Miscellaneous									
13	Qualified conservation									
	contribution — Historic									
	structures									
14	Qualified conservation									
	contribution — Other									
15	Real estate — Residential									
16	Real estate — Commercial									
17	Real estate — Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by									
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29					
							_		Yes	No
30a	During the year, did the organization	receive by	contribution any proper	ty reported in Part I, lines 1	l through					
	28, that it must hold for at least three	e years fro	m the date of the initial of	contribution, and which is no	ot required					
	to be used for exempt purposes for	the entire h	nolding period?					30a		X
b	If "Yes," describe the arrangement in	n Part II.								
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any non-standard						
	contributions?						L	31		X
32a	Does the organization hire or use the	ird parties	or related organizations	to solicit, process, or sell ne	oncash					1
	contributions?						L	32a		X
b	If "Yes," describe in Part II.									
33	If the organization did not report an	amount in	column (c) for a type of	property for which column (a) is check	ed,				
	describe in Part II.									

Schedule M (Form	990) (2015)	Merc	y For	Animals		54-2076145	Page 2
Part II	Supplen	nental li	nformatio	n. Provide th	e information required by Par	54-2076145 t I, lines 30b, 32b, and 33, and whe	ther
	the orga	nization i	s reportin	α in Part I. α	olumn (b), the number of con	tributions, the number of items recei	ived.
	or a com	hination	of both	Also complete	this part for any additional in	nformation	,
	01 0 0011	ion adon	01 00011. 7	tioo complete	the part for any additional in	mornadon.	

SCHEDULE O (Form 990 or 990-EZ)

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.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification numbe

Mercy For Animals 54-2076145 Amended Return Explanation Update program service accomplishments Form 990, Part III, Line 4d - All Other Accomplishment Following a series of undercover investigations and outreach tours, the Corporate Outreach Department convinced Walmart to enact welfare improvements in its supply chain, including ending the use of gestation crates for mother pigs and battery cages for egg-laying hens. This landmark commitment will improve the lives of tens of millions of animals. The corporate outreach team also helped win cage-free commitments from McDonald's, Costco, Sodexo, and Aramark, and secured a commitment from Maple Leaf Foods-one of the largest meat producers in North America-to eliminating live-shackle slaughter for the more than 300 million chickens it processes annually. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 All officers 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, Line 12c - Enforcement of Conflicts Policy

If an issue is to be decided by the Board that involves potential conflict

of interest for a Board Member, it is the responsibility of the Board

Member to:

1. Identify the potential conflict of interest.

3.Not vote on the issue.

Employer identification number 54-2076145

- 2.Not participate in discussion of the program or motion being considered.
- It is the responsibility of the Board to:
- 1.Only decide to hire or contract with the Board Member if they are the best qualified individuals available and willing to provide the goods or services needed at the best price.
- 2.Record in the minutes of the Board Meeting the potential conflict of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The President was not compensated.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation for officers is made by the impartial decision makers of the governing body, and includes analyzing the compensation of similar positions at comparable organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

To the extent governing documents (articles of incorporation, bylaws, and constitution), conflict of interest policy and financial statements of our organization are subject to the Federal or state public disclosure rules, these documents will be made publicly available as applicable law may require. Otherwise, the governing documents and conflict of interest policy will be provided to the public at the discretion of management.

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Mercy For Animals

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(g)
Section 512(b)(13)
controlled entity?

Ves No (f) Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. × (f) Direct controlling entity (e) End-of-year assets MFA (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. _ (d) Total income (d) Exempt Code section 501c3 (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) NO (b) Primary activity Charitable (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity M551R1 (a) (a) Name, address, and EIN of related organization S Mercy For Animals Canada Bloor St. W. 22033-131 Toronto Part II Part I Ξ Ξ 3 ල 4 9 8 ල 4

9

Schedule R (Form 990) 2015

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Page 2 Schedule R (Form 990) 2015 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? (i) General or managing partner? Yes No 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. 34 (h) Percentage ownership Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year. Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
alloc.? Yes No (g) Share of end-ofyear assets Share of total income (f) Share of total (e)
Type of entity
(C corp, S corp, income or trust) (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) 54-2076145 (d)
Direct controlling , entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Schedule R (Form 990) 2015 Mercy For Animals Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV Part III PA 4 Ξ 3 ΙΞ 3 **£** <u>છ</u> ල

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Schedule R (Form 990) 2015 Mercy For Animals

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

54-2076145

Page 3

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	ated organizations listed i	ר Parts II–IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	~	×
b Gift, grant, or capital contribution to related organization(s)				1b	×	×
c Gift, grant, or capital contribution from related organization(s)				10	~	×
				1d	_	×
				1e	×	×
f Dividends from related organization(s)				1t	×	×
g Sale of assets to related organization(s)				1g	X	.
h Purchase of assets from related organization(s)				1h	×	,
i Exchange of assets with related organization(s)				=	~	×
related organization(s)				-	×	×
k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s)				* =	×	×
m Performance of services or membership or fundraising solicitations by related organization(s)				 	-	×
organization(s)				1n	×	<u>.</u>
				10	×	×
				6	*	×
				<u> </u>	P	
q Keimbulsement paid by related organization(s) for expenses				<u> </u>	9	اہ
r Other transfer of cash or property to related organization(s)				+	×	×
s Other transfer of cash or property from related organization(s).				18	×	<u></u>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	line, including covered r	elationships and transac	tion thresholds.			
(a)	(q)	(c)	(p)			
Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	int involved		
(1) Mercy For Animals Canada	q	4,656	Cash			
(2)						- 1
(3)						
(4)						
(5)						
(6)						
			Schedule R (Form 990) 2015	Rorm 9	90) 20	015

Part VI

Schedule R (Form 990) 2015 Mercy For Animals

54-2076145

Page 4

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		_		(f) Share of total income	(g) Share of end-of-year assets	≘ 5 ₩ -		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		country)	sections 512-514)	Yes No			Yes	9		Yes	2	
(1)												
(2)												
(3)												
(4)												
(5)												
(9)												
ω												
(8)												
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Part VII	Supplemen	ital Inform	nation	Animals	
	Provide add	ditional info	ormation	for responses to questions on Schedule F	(see instructions).
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