# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OIVID INC. 1545-0047
2024
Open to Public Inspection

Α	For the	2024 calendar year, or tax year beginning	and	ending			
В	Check if applicable	C Name of organization			D Employer	identific	ation number
	Addres	MERCY FOR ANIMALS, INC.					
	Name change				54-20	76145	
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone	number	
	Final return/	8033 SUNSET BOULEVARD	,	864	866.63	2.6446	
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		<b>G</b> Gross receipt	s \$	35,273,031.
	Amend return	LOS ANGELES, CA 30040			H(a) Is this a	group ret	:urn
	Application	F Name and address of principal officer: LEAH	GARCES		for subo	rdinates?	Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all sub	ordinates inc	luded? Yes No
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No,"	attach a l	ist. See instructions
	Websit				H(c) Group e	xemption	number
K Pa		organization: X Corporation Trust Ass Summary	ociation Other	<b>L</b> Year	of formation: 20	002 <b>M</b>	State of legal domicile: DE
	_	Briefly describe the organization's mission or most s	ignificant activities: TO END	INDUSTRI	IAL ANIMAL		
ce	'	AGRICULTURE BY CONSTRUCTING A JUST AND					
Governance	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its	s net asse	ets.
Ver	3	Number of voting members of the governing body (F	· ·			1 1	4
		Number of independent voting members of the gove					4
o v	5	Total number of individuals employed in calendar ye				··· —	133
ij	6	Total number of volunteers (estimate if necessary)					205
Activities &	7a	Total unrelated business revenue from Part VIII, colu					0.
ď	: b	Net unrelated business taxable income from Form 9					0.
			,		Prior Year		Current Year
4	8	Contributions and grants (Part VIII, line 1h)			9,48	4,043.	23,963,424.
Ž	9 1	Program service revenue (Part VIII, line 2g)			0.	0,	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			69!	5,807.	593,278.
ď	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			4	7,090.	-1,212,039.
		Total revenue - add lines 8 through 11 (must equal F			10,220	5,940.	23,344,663.
	13 (	Grants and similar amounts paid (Part IX, column (A	), lines 1-3)		4,600	5,210.	7,018,515.
		Benefits paid to or for members (Part IX, column (A)				0.	0.
ý	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		13,19	5,940.	12,233,996.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), lir	ie 11e)		163	3,007.	0.
e e	ь.	Total fundraising expenses (Part IX, column (D), line	25) 2,520,	079.			
ш	i 17 (	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		5,92	5,125.	4,655,969.
	18	Total expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		23,890		23,908,480.
		Revenue less expenses. Subtract line 18 from line 1	2		-13,663	3,342.	-563,817.
Net Assets or	9			Ве	ginning of Curre	nt Year	End of Year
sets	20	Total assets (Part X, line 16)			29,51		30,246,859.
t As	21	Total liabilities (Part X, line 26)				3,482.	1,243,580.
		Net assets or fund balances. Subtract line 21 from li	ne 20		27,70	0,237.	29,003,279.
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return, i				-	knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer	) is based on all information of wh	nich preparer	has any knowled	lge.	
	-	Cignature of officer			Doto		
Sig	L	Signature of officer			Date		
He	re	LEAH GARCES, CHIEF EXECUTIVE OFFICER					
		Type or print name and title			Nata	011	T DTIN
_		•	Preparer's signature		Date	Check if	PTIN
Pai	- H	L	ICHARD C. SHIELDS	0	7/28/25	self-employed	
	1	Firm's name BLUE & CO., LLC			Firm's	EIN 3	5-1178661
Use	Only	Firm's address 250 WEST MAIN STREET, SUIT	E 2900			0-0	052 4402
_		LEXINGTON, KY 40507			Phone	e no.859-	253-1100
Ma	y the IP	S discuss this return with the preparer shown abov	e? See instructions				Yes No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	MERCY FOR ANIMALS' MISSION IS TO CONSTRUCT A COMPASSIONATE FOOD SYSTEM	
	THAT IS NOT JUST KIND TO ANIMALS BUT ESSENTIAL FOR THE FUTURE OF OUR	
	PLANET AND ALL WHO SHARE IT. OUR VISION OF A WORLD WHERE ANIMALS ARE	
	RESPECTED, PROTECTED, AND FREE DRIVES THE WORK WE DO EVERY DAY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	Tes INO
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes A No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	, .
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$16,269,999. including grants of \$7,018,515. ) (Revenue \$	)
	OUR PUBLIC ENGAGEMENT TEAM EXPANDED ITS REACH, INSPIRING NEWS STORIES	
	IN LARGE MEDIA OUTLETS, COLLABORATING AND STRATEGIC PARTNERSHIPS WITH	
	CELEBRITIES TO EXPAND OUR REACH, PRODUCING HARD-HITTING VIDEOS THAT	
	EXPOSE FACTORY FARMING, AND EDUCATING MILLIONS THROUGH SOCIAL MEDIA ON	
	THE BENEFITS OF PLANT-BASED EATING. OUR CONTENT REACHED MILLIONS OF	
	VIEWERS AND SOCIAL MEDIA USERS, HELPING TO RAISE AWARENESS AND INSPIRE	
	ACTION FOR ANIMAL WELFARE GLOBALLY.	
	WE ALSO SUPPORTED SIGNIFICANT CORPORATE AND LEGISLATIVE WINS, ENSURING	
	ONGOING PROGRESS FOR FARMED ANIMALS. OUR CORPORATE ENGAGEMENT TEAM	
	HELPED ADVANCE CAMPAIGNS TO IMPROVE PROTECTIONS FOR FARMED ANIMALS AND	
	PROMOTE PLANT-BASED EATING.	
4b	(Code:) (Expenses \$1,169,842. including grants of \$) (Revenue \$	)
	TRANSFARMATION. OUR MISSION IS TO BUILD COLLECTIVE POWER SUFFICIENT TO	
	REALIZE A JUST AND SUSTAINABLE FOOD SYSTEM. TRANSFARMATION DOES THIS BY	
	HELPING FARMERS TRANSITION FROM INDUSTRIAL ANIMAL AGRICULTURE	
	OPERATIONS TO RAISING CROPS FOR HUMAN CONSUMPTION. BY CREATING MODELS	
	OF ALTERNATIVE ECONOMIC OPPORTUNITIES, BUILDING SOLIDARITY WITH OTHER	
	MOVEMENTS, AND SHIFTING SOCIETAL NARRATIVES TO CHANGE CULTURE, WE WILL	
	REALIZE A JUST AND SUSTAINABLE FOOD SYSTEM.	
4c	(Code:) (Expenses \$ 686,727. including grants of \$) (Revenue \$	
	INVESTIGATIONS SHOW THE HARSH REALITIES OF THE TREATMENT OF FARMED	
	ANIMALS. OUR INVESTIGATIONS LAND COVERAGE IN MEDIA, AND CAN HELP LEAD	
	TO MAJOR CHANGES IN THE ANIMAL AGRICULTURAL SYSTEM AND PUBLIC	
	PERCEPTION TO FURTHER ACTION FOR ANIMAL WELFARE AND PROTECTION OF	
	FARMED ANIMALS.	
	-	
	Otherway and the (December of Other L. C.)	
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 18,126,568.	

# Form 990 (2024) MERCY FOR ANIMALS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		
	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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		l <sub>x</sub>
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
'	the organization's separate of consolidated 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	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2024) MERCY FOR ANIMALS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_ v	1
Par	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V		V	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Zitter the name of reported in Box 5 of 1 cm 1 cost Zitter 5 in 16t applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
C	(acceptation a) unique in an Acceptation and a contract unique and	1c	х	
	(gambling) winnings to prize winners?			

Form 990 (2024)

MERCY FOR ANIMALS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 54-2076145

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 133			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		,,
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
4	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		
		7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	<del></del>
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h	N/A	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
_	sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  The the amount of records an head			
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	140		Х
	If IIV and II have it filed a Form 700 to see at the consequent of the second of the s	14a 14b		<u> </u>
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes." complete Form 6069.			

54-2076145 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	<u>.</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	05		
3	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3	l l	
	(This Section B requests information about policies not required by the internal nevertide Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa		
		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	400	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedAL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 866.632.6446			
	8033 SUNSET BOULEVARD, 864, LOS ANGELES, CA 90046			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization no  (A)	(B)	orga	nıza			nper	isate	(D)		<b>(E)</b>
(A) Name and title	Average				<b>C)</b> sitior	1		Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and the	hours per					than dis both		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	a)			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		ao	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LEAH GARCES	40.00		=	0		Τ 60	ш.			
CHIEF EXECUTIVE OFFICER				х				195,079.	0.	7,282.
(2) SHAHID MAQSOOD	40.00									
CHIEF FINANCIAL OFFICER						x		194,388.	0.	7,014.
(3) JODI MEDOFF	40.00									
CHIEF OPERATING OFFICER, CHIEF LEGAL					Х			173,318.	0.	6,786.
(4) KELCEY MEADOWS-LUCAS	40.00									
SENIOR PHILANTHROPY OFFICER						Х		175,543.	0.	6,924.
(5) CAITLIN OATES	40.00									
VICE PRESIDENT OF PHILANTHROPY						Х		132,054.	0.	29,441.
(6) CHELSIE SCHADT	40.00									
CO-INTERIM MANAGING DIRECTOR, US & C						Х		125,920.	0.	11,129.
(7) PATRICK SARSFIELD	40.00									
GENERAL COUNSEL						Х		128,429.	0.	18,453.
(8) NEYSA COLIZZI	3.00									
BOARD CHAIR AND DIRECTOR		Х		Х				0.	0.	0.
(9) MICHAEL PELLMAN ROWLAND	1.00									
TREASURER AND DIRECTOR		Х		Х				0.	0.	0.
(10) LISA FERIA	1.00									
VICE CHAIR AND DIRECTOR		Х		Х				0.	0.	0.
(11) ALEXIS FOX	1.00									
DIRECTOR		Х						0.	0.	0.
(12) TYSON-LORD GRAY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) SIDDHARTH HARIHARAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ASHLEY BUGEJA VUU	1.00									
DIRECTOR		Х						0.	0.	0.
(15) LIZA HEAVENER	1.00									
DIRECTOR		Х				_		0.	0.	0.
(16) JAIME SURENKAMP	1.00									
DIRECTOR		Х			<u> </u>	<u> </u>		0.	0.	0.
	i .	1					1	i	1	1

Form 990 (2024)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	hes	t Co	ompensated Employee	s (continued)	<u> </u>
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of				
	(list any hours for related organizations below line)	director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
1b Subtotal								1,124,731.	0.	87,029.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								1,124,731.	0.	87,029.
2 Total number of individuals (including but n								ceived more than \$100,	000 of reportable	

compensation from the organization

35

			103	140
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х
_				

#### Section B. Independent Contractors

\$100,000 of compensation from the organization

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
EVENTIQUE, 234 WEST 39TH STREET, NEW YORK		
CITY, NY 10018	EVENT PRODUCTION AND PLANNING	811,108.
FOSTER AND FOSTER BUILDERS INC		
2309 FERNBANK DRIVE, CHARLOTTE, NC 28226	CONSTRUCTION	622,767
CAROLINA GREENHOUSE PLANTS INC		
1504 CUNNINGHAM ROAD, KINSTON, NC 28501	CONSTRUCTION	236,608
WOLFGANG PUCK CATERING AND EVENTS, LLC,		
800 W. OLYMPIC BLVD SUITE 220, LOS	EVENT CATERING	175,305
2 Total number of independent contractors (including but not limited t	o those listed above) who received more than	

Form 990 (2024) MERCY FOR 2

			Check if Schedule O c	onta	ins a r	response	or note to any lin	e in this Part VIII			
							_	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		ĺ	1b					
			Fundraising events		r	1c	269,370.				
fts,						1d	, -				
Ω̈́ ä			Government grants (contri			1e					
outions, her Sim			All other contributions, gifts,		' '	16					
		'				46	23,694,054.				
₩ <u>₩</u>			similar amounts not included			1f	110,785.				
<u> </u>		_	Noncash contributions included in I	ines 1a	a-1f [	1g  \$	110,703.	23,963,424.			
O a		n	Total. Add lines 1a-1f				Dusiness Code	23,903,424.			
							Business Code				
<u>ic</u>	2										
er v		b									
n S		С									
ra Sev		d									
Program Service Revenue		е									
Δ.		f	All other program service r	even	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ing d	dividen	nds, intere	st, and				
			other similar amounts)					301,338.			301,338.
	4		Income from investment of	f tax-	-exem <sub>l</sub>	pt bond p	roceeds				
	5		Royalties	<u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a	10,8	57,583.					
		b	Less: cost or other basis								
ē				7b	10,5	65,643.					
ther Revenue		С		7c		91,940.					
Ş.			Net gain or (loss)				•	291,940.			291,940.
ē			Gross income from fundraisin								
퓽	_		including \$2								
			contributions reported on								
			Part IV, line 18			I	67,342.				
		h	Less: direct expenses				,				
			Net income or (loss) from f				, ,	-1,257,801.			-1,257,801.
			Gross income from gaming								
	•	_	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from g								
			Gross sales of inventory, le	-	-						
	10	а					68,297.				
		<b>L</b>	and allowances								
			Less: cost of goods sold				J, 302.	30,715.	30,715.		
$\dashv$		C	Net income or (loss) from s	aies	or inv	entory	Business Code	30,713.	30,715.		
ရှ		_	MISCELLANEOUS INCOM	F			900099	15,047.	15,047.		
eo Ne	11		HISCENDINEOUS INCOM				300033	15,047.	15,04/.		
Miscellaneous Revenue		b									
Se.		С	All II								
Ξ̈́			All other revenue				L	15 045			
		е	Total. Add lines 11a-11d					15,047.	45 565		664 500
	12		Total revenue. See instruction	ns .				23,344,663.	45,762.	0.	-664,523.

### 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).

00011	on 501(c)(3) and 501(c)(4) organizations must complications.  Check if Schedule O contains a respons.			•	
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.	ı otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	232,800.	232,800.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	6,785,715.	6,785,715.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	403,763.	276,336.	64,117.	63,310.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,604,363.	6,529,190.	1,537,183.	1,537,990.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	240,014.	163,210.	38,402.	38,402.
9	Other employee benefits	1,177,643.	800,797.	188,423.	188,423.
10	Payroll taxes	808,213.	549,585.	129,314.	129,314.
11	Fees for services (nonemployees):				
	Management				
	Legal	239,408.		239,408.	
	Accounting	88,592.		88,592.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	45.051		45.051	
f	Investment management fees	47,271.		47,271.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 426 577	024 056	202 002	110 710
	column (A), amount, list line 11g expenses on Sch O.)	1,426,577.	924,056.	383,802.	118,719.
12	Advertising and promotion	378,228. 250,161.	357,168. 211,953.	10,530.	19,104.
13	Office expenses	978,122.	603,940.	187,091.	187,091.
14	Information technology	570,122.	003,540.	107,051.	107,031.
15	Royalties	26,637.	26,637.		
16	Occupancy	432,198.	237,284.	97,457.	97,457.
17		132,130.	237,201.	37,137.	37,137,
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	77,751.	77,751.		
20	· · · · · · · · · · · · · · · · ·	,24	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	172,124.	86,062.	43,031.	43,031.
23	Insurance	141,259.	71,825.	34,717.	34,717.
24	Other expenses. Itemize expenses not covered		,	,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROVISION FOR UNCOLLECT	101,405.	0.	101,405.	0.
b	BANK FEES	87,209.	43,605.	21,802.	21,802.
С	STAFF DEVELOPMENT	77,688.	38,844.	19,422.	19,422.
d	SUPPLIES	74,784.	72,148.	1,318.	1,318.
е	All other expenses	56,555.	37,662.	9,444.	9,449.
25	Total functional expenses. Add lines 1 through 24e	23,908,480.	18,126,568.	3,261,833.	2,520,079.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (222 t)

Form 990 (2024)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,004,053.	1	1,998,621.
	2	Savings and temporary cash investments			5,346,136.	2	1,346,318.
	3	Pledges and grants receivable, net			3,466,082.	3	8,072,416.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	5			942,783.	9	382,173.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,550,229.			
	b	Less: accumulated depreciation		304,665.	547,264.	10c	1,245,564.
	11	Investments - publicly traded securities	15,981,414.	11	16,994,971.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			225,987.	15	206,796.
	16	Total assets. Add lines 1 through 15 (must equa		1	29,513,719.	16	30,246,859.
	17	Accounts payable and accrued expenses			1,659,055.	17	1,158,929.
	18	Grants payable		1		18	
	19	Deferred revenue			62,500.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
abi		controlled entity or family member of any of thes	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thi	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			91,927.		84,651.
	26	Total liabilities. Add lines 17 through 25			1,813,482.	26	1,243,580.
		Organizations that follow FASB ASC 958, che	ck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27				22,360,795.	27	18,214,791.
Ba	28	Net assets with donor restrictions			5,339,442.	28	10,788,488.
Ę		Organizations that do not follow FASB ASC 9	58, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
হ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
t As	31	Retained earnings, endowment, accumulated in				31	
Š	32	Total net assets or fund balances			27,700,237.	32	29,003,279.
	33	Total liabilities and net assets/fund balances			29,513,719.	33	30,246,859.

(A)) 1 2 3 4 5 5	23 23	,344,	663.
(A)) 1 2 3 4 5	23 23	,344,	663.
(A)) 1 2 3 4 5	23 23	,344,	663.
(A)) 2 3 4 5	23	<u> </u>	663.
(A)) 2 3 4 5		,908,	
(A)) 3 4 5			480.
(A)) 4 5		-563,	817.
	27	,700,	237.
	1	,866,	859.
6			
7			
8			
9			0.
art X, line 32,			
10	29	,003,	279.
			Х
		Yes	No
Other			
ther," explain on Schedule O.			
t accountant?	2a		Х
were compiled or reviewed on a			
d separate basis			
	2b	Х	
were audited on a separate basis			
d separate basis			
nsibility for oversight of the audit	,		
ountant?	2c	Х	
	0.		
ne tax year, explain on Schedule			
	۔ ا	i I	X
)	countant? he tax year, explain on Schedule audits as set forth in the	countant? 2c the tax year, explain on Schedule O. sudits as set forth in the	onsibility for oversight of the audit, countant? 2c X  the tax year, explain on Schedule O.

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2024)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Nan	ame of the organization Employer identification number									
			FOR ANIMALS, IN						54-2076145	
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	Щ	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	$\square$	A community trust describe			-					
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:								
10		An organization that norma								
		activities related to its exen		•					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	rea by the org	anization a	mer June 30, 1975.	
44		See section 509(a)(2). (Col	•	valu to toot for public on	fatu Caa	acation F(	20/0//4\			
11 12	H	An organization organized a An organization organized a	· ·	*	•			rny out tho	nurnoses of one or	
12		more publicly supported or	· ·	•	-			•		
		lines 12a through 12d that	-						SHOOK THE BOX OH	
а		Type I. A supporting orga	* *			-		-	aivina	
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-				
		organization. You must o			inajonty c	in the direct	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30 01 1110 00	,pporting	
b	, [	Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hav	vina	
		control or management o	•				-		-	
		organization(s). You mus			•		`			
c	: [	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions)	). You must complete l	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness	
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f		er the number of supported o	•							
		vide the following information	about the supporte		(iv) Is the oras	anization listed	(v) Amount of	monotoni	(vi) Amount of other	
	(	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	support (see ir	,	support (see instructions)	
		0.94.1124.1011		above (see instructions))	Yes	No	cappert (ccc ii		Cappert (coe metractions)	
Tota	al									

432021 01-14-25

### 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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,174,988.	17,626,828.	28,845,377.	9,484,043.	23,694,054.	91,825,290.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	12,174,988.	17,626,828.	28,845,377.	9,484,043.	23,694,054.	91,825,290.
	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)						15,882,112.
6	Public support. Subtract line 5 from line 4.						75,943,178.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	12,174,988.	17,626,828.	28,845,377.	9,484,043.	23,694,054.	91,825,290.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	213,723.	276,351.	320,577.	269,647.	301,338.	1,381,636.
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.)	2,945.	60,000.	57,464.		15,047.	135,456.
11	<b>Total support.</b> Add lines 7 through 10						93,342,382.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	30,715.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	)1(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publi						
	Public support percentage for 2024 (li					14	81.36 %
	Public support percentage from 2023					15	91.74 %
16a	33 1/3% support test - 2024. If the c						
_	<b>stop here.</b> The organization qualifies a	. ,	•				
b	<b>33 1/3% support test - 2023.</b> If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=		-	
L-	meets the facts-and-circumstances test	-	•			70 and line 15 is 1	
a	10% -facts-and-circumstances test	•				•	U% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	i, 160, 17a, or 17b,	cneck this box ar	ia see instructions	

## Schedule A (Form 990) 2024 MERCY FOR ANIMALS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6		, ,	, ,		, ,	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2024 (I		· ·	column (f))		15	<u>%</u>
	Public support percentage from 2023		-			16	<u>%</u>
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	1 33 1/3% support tests - 2024. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2023. If the		-	•			
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	anization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nie hay and see in	structions	

Page 4

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Ver	NI -
	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
90		
9c		
10a		
 10b	- 000	0004
ILAFR		

	dule A (Form 990) 2024 MERCY FOR ANIMALS, INC.	54-2076145	Pa	age <b>5</b>
Par	t IV   Supporting Organizations (continued)			
			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 on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	115		
·	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
500	tion B. Type I dupporting digunizations		V	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	cers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the expenientian provide to each of its supported expenientians, but he last day of the fifth month of the		163	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
h	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
IJ				
	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	QI.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations				
1	shock hold if the organization database and an integral and a state of the company in grant and the company in gran						
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
_7_	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2024

	t V Type III Non-Functionally Integrated 509(		nizations (continu	ıed)	54 2070143 Page 7
Secti	on D - Distributions	, , , , , , , , , , , , , , , , , , ,	(OOTHITIC	<i>icu</i> )	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2024	าร	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
<u>i</u>	Carryover from 2019 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
d	Excess from 2023				

Schedule A (Form 990) 2024

e Excess from 2024

MERCY FOR ANIMALS, INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
SPECIAL EVENT INCOME
2020 AMOUNT: \$ 2,945.
2021 AMOUNT: \$ 60,000.
2022 AMOUNT: \$ 57,464.
MISCELLANEOUS INCOME
2024 AMOUNT: \$ 15,047.
·

### **SCHEDULE C**

(Form 990)

Political Campaign and Lobbying Activities

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

2024

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number (EIN) MERCY FOR ANIMALS, INC. 54-2076145 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \_\_\_\_\_\_\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

		OR ANIMALS, INC.		76145 Page <b>2</b>
Part II-A		n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).			
A Check	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
B Check	if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total I	obbying expenditures to influence publ	ic opinion (grassroots lobbying)	102,509.	
<b>b</b> Total I	lobbying expenditures to influence a leg	gislative body (direct lobbying)	166,280.	
c Total I	obbying expenditures (add lines 1a and	d 1b)	268,789.	
<b>d</b> Other	exempt purpose expenditures		23,639,691.	
e Total	exempt purpose expenditures (add line	s 1c and 1d)	23,908,480.	
f_Lobby	ring nontaxable amount. Enter the amo	unt from the following table in both columns.	1,000,000.	
IF the	amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:		
not ov	ver \$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.		
<b>g</b> Grass	roots nontaxable amount (enter 25% of	line 1f)	250,000.	
h Subtra	act line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtra	act line 1f from line 1c. If zero or less, e	nter -0-	0.	
j If ther	e is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
report	ing section 4911 tax for this year?			Yes No
	(Some organizations that made	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all o e the separate instructions for lines 2a through 2f.)	f the five columns be	low.

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2021	<b>(b)</b> 2022	(c) 2023	(d) 2024	(e) Total				
2a Lobbying nontaxable amount	804,225.	877,846.	1,000,000.	1,000,000.	3,682,071.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,523,107.				
<b>c</b> Total lobbying expenditures	49,231.	255,673.	250,356.	268,789.	824,049.				
<b>d</b> Grassroots nontaxable amount	201,056.	219,462.	250,000.	250,000.	920,518.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,380,777.				
f Grassroots lobbying expenditures	23,253.	187,474.	82,574.	102,509.	395,810.				

Schedule C (Form 990) 2024

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

<b>1</b> D	· · · · · · · · · · · · · · · · · · ·		a)	(b	,
lo	obbying activity.	Yes	No	Amo	unt
lo	Ouring the year, did the filing organization attempt to influence foreign, national, state, or				
	ocal legislation, including any attempt to influence public opinion on a legislative matter				
0	r referendum, through the use of:				
	olunteers?				
b P	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	failings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	otal. Add lines 1c through 1i				
	orall yield lines to through the organization to not be described in section 501(c)(3)?				
	"Yes," enter the amount of any tax incurred under section 4912				
	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part I		1 501(c)(5	5). or sec	ction	
	501(c)(6).	. 00 . (0)(0	,, 0. 000		
	\(\frac{1}{2} - \frac{1}{2} - \frac{1}{2			Yes	No
1 V	Vere substantially all (90% or more) dues received nondeductible by members?		1		
	olid the organization make only in-house lobbying expenditures of \$2,000 or less?				
<b>2</b> D					
<b>3</b> D	lid the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	า 501(c)(5	5), or sec		3, is
3 D Part I	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	า 501(c)(5 No;" OR	5), or sec (b) Part		3, is
3 D Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Oues, assessments, and similar amounts from members	1 501(c)(5 No;" OR	5), or sec (b) Part		3, is
3 D Part I  1 D 2 S	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	1 501(c)(5 No;" OR	5), or sec (b) Part		3, is
3 D Part I  1 D 2 S e	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Oues, assessments, and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid):	n 501(c)(5 No;" OR	5), or sec (b) Part		3, is
1 D 2 S e a C	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments, and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid):  Durrent year	n 501(c)(t No;" OR	5), or sec (b) Part		3, is
3 D Part I  1 D 2 S e a C b C	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Oues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid): Current year Carryover from last year	n 501(c)(E No;" OR	5), or sec (b) Part		3, is
1 D 2 S e a C b C	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid):  Current year Carryover from last year	n 501(c)(E No;" OR	5), or sec (b) Part		3, is
1 D 2 S e a C b C T 3 A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):  Current year Carryover from last year  otal  organization is exempt under section 501(c)(4), section 501(c)(6), secti	n 501(c)(f No;" OR	5), or sec (b) Part		3, is
1 D 2 S a C b C c T 3 A 4 If	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid):  Durrent year Carryover from last year  Cotal  Organization is exempt under section 501(c)(4), section 501(c)  The provided in section 501(c)(6) notices of nondeductible section 162(e) dues  The provided in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  The provided in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  The provided in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	n 501(c)(5 No;" OR	5), or sec (b) Part		3, is
1 D 2 S a C b C c T 3 A 4 Iff	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):  Durrent year Carryover from last year  Total  Segregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	n 501(c)(5 No;" OR	5), or sec (b) Part		3, is
1 D 2 S a C b C c T 3 A 4 Iff	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid):  Durrent year Carryover from last year  Cotal  Organization is exempt under section 501(c)(4), section 501(c)  The provided in section 501(c)(6) notices of nondeductible section 162(e) dues  The provided in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  The provided in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  The provided in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	n 501(c)(5 No;" OR	5), or sec (b) Part		3, is

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

MERCY FOR ANIMALS, INC. 54-2076145 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? \_\_\_\_\_\_ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (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 gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

34-20/0143	2076145
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Pa	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, or	Other	Simi	lar Asset	S (conti	nued)	agc –
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make si	gnifica	nt use of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	how the	ey further th	ne organizatio	n's exen	npt pur	pose in Par	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, his	torical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		te if the o	organization	answered "	es" on l	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia		-					_	٦,,		٦
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	able:					Amoun	.+	
	De alice le la lactica de lactica de la lactica de lactica de la lactica de lactica de la lactica de lactica de lactica de la lactica de						-	_	Amoun		
C	Beginning balance										
a	Additions during the year										
4	Distributions during the year										
f 2a	Ending balance							<u>'                                    </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.										] NO
	t V Endowment Funds Complete if										
		(a) Current year		rior year	(c) Two year			ee years back	(e) Fou	r years	back
1a	Beginning of year balance	,		-	.,,						
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)	) held as:				•		
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%	_								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for th	е				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sc	chedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		1		T	•					
	Description of property	(a) Cost or o basis (investn			or other (other)		ccumu preciati	<b>I</b>	(d) Boo	k valu	e 
1a	Land										
b	Buildings										
С	Leasehold improvements			1	,045,363.			3,983.			380.
d	Equipment				398,966.			7,297.			669.
	Other				105,900.			3,385.		-	515.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X <u>, line 10</u>	Oc. column	(B))		<u></u>		1	,245,	564.

Scriedule D (Form 990) (Rev. 12-2024) Market Tok Tittima	b, inc.		zororia Page C
Part VII Investments - Other Securities  Complete if the organization answered "Yes" o	n Form 900 Dort IV line	11h See Form 990 Part V line 12	
	(b) Book value	(c) Method of valuation: Cost or end	of year market value
(a) Description of security or category (including name of security)	(b) book value	(c) Wethod of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	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)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	(B))		
	- Farm 000 Dart IV line	11 11 Coo Forms 000 Port V line 05	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	The or Tit. See Form 990, Part X, line 25.	
			(b) Book value
(1) Federal income taxes			04 651
(2) LEASE LIABILITY, RIGHT-OF-USE ASSET			84,651.
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
(7)			
(8)			
(9)	(D))		Q1 651
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		84,651.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pai	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Ret	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	26,373,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а			1,866,859.		
b					
С	1 7 9				
d	7	2d	1,208,753.		
е				2e	3,075,612.
3	Subtract line 2e from line 1			3	23,297,392.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	45.054		
а	, , , , , , , , , , , , , , , , , , , ,		47,271.		
b					45 051
_C				4c	47,271.
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII   Reconciliation of Expenses per Audited Financial State	mente With	Evnances per B	5 Seturn	23,344,663.
га	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		Expenses per n	etuiii	
	•		T		25 060 062
1	Total expenses and losses per audited financial statements			1	25,069,962.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا			
a					
b					
C	Other losses		1,208,753.		
d	, , , , , , , , , , , , , , , , , , , ,			20	1,208,753.
e 2	J			2e 3	23,861,209.
3 4	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	23,001,203.
+ a		42	47,271.		
a b			17,272		
C				4c	47,271.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		ľ	5	23,908,480.
	rt XIII Supplemental Information				, , -
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV. lines 1b a	nd 2b: Part V. line 4:	: Part X. li	ne 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			,	_,
	F X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECT	ION			
501	(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE). HOWEVER, INC	OME FROM			
CERT	TAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S T.	AX-EXEMPT			
PURI	POSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN	ADDITION,			
THE	ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SE	RVICE NOT			
TO I	BE A PRIVATE FOUNDATION WITHIN THE CONTEXT OF SECTION 509(A)	OF THE			
CODI	3 <b>.</b>				
ACC	DUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF	F AMERICA			
REQU	JIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGAN	IZATION AND			
REC	OGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCE	RTAIN			
POSI	ITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON	EXAMINATION			
BY V	VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS	ANALYZED			
THE	TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED T	HAT AS OF			
DECI	EMBER 31, 2024 AND 2023 THERE ARE NO UNCERTAIN TAX POSITIONS	TAKEN OR			
EXPI	ECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABIL	ITY OR			
	CLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANI				
	JECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. THERE ARE CU	RRENTLY NO			
AUD]	ITS FOR ANY TAX PERIODS IN PROGRESS.				
	ORGANIZATION HAS FILED ITS FEDERAL INFORMATION RETURNS FOR				
	OUGH DECEMBER 31, 2023. THESE INCOME TAX RETURNS ARE GENERAL				
	MINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF				
FRO	M THE LATER OF THE DATE THE RETURN WAS FILED OR ITS DUE DATE	(INCLUDING			

Schedule D (Form 990) (Rev. 12-2024) MERCY FOR ANIMALS, INC.  Part XIII Supplemental Information (continued)		54-2076145	Page 5
Part XIII   Supplemental Information (continued)			
APPROVED EXTENSIONS).			
,			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENTS EXPENSE 1	.,208,753.		
PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSE 1	200 752		
DECIME PARMIS EVERNOR	.,208,753.		

#### SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States** 

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

MERCY FOR ANIMALS, INC					54-2076145	
Part I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organ	nization answered "Y	es" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
United States.						
3 Activities per Region. (Ti			n be duplicated if additional space is n			
(a) Region	(b) Number of	(c) Number of	1		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	e(s) in the region	in the region
				WORK IS BE	ING CONDUCTED	
				TO IMPROVE	THE WELFARE	
			GRANTS TO RECIPIENTS	OF FARMED A	ANIMALS AND	
SOUTH AMERICA	0	0	LOCATED IN THE REGION	PROMOTE PLA	ANT-BASED FOOD	4,700,000.
				THE CANADA	ANIMAL	
				WELFARE SCO	ORECARD IS ONE	
			GRANTS TO RECIPIENTS	OF THE LEAD	DING ANNUAL	
NORTH AMERICA	0	0	LOCATED IN THE REGION	REPORTS RAI	NKING MAJOR	1,888,875.
				CONDUCTING		
				INVESTIGAT	IONS, POLICY	
			GRANTS TO RECIPIENTS	CHANGE, COR	RPORATE	
SOUTH ASIA	0	0	LOCATED IN THE REGION	OUTREACH AN		196,840.
						,
2 a Cubtotal	0	0				6,785,715.
<ul><li>3 a Subtotal</li><li>b Total from continuation</li></ul>						0,700,710.
	0	0				0.
sheets to Part I	-					· · · · · ·
c Totals (add lines 3a	0	0				6,785,715.
and 3b)		ı				1 0,,00,,110.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	OPERATING EXPENSES	4,700,000.	WIRE	0.		
		NORTH AMERICA	OPERATING EXPENSES	1,888,875.	WIRE	0.		
		SOUTH ASIA	OPERATING EXPENSES	196,840.	WIRE	0.		
2 Enter total number of	reginient ergenizatio	no listed above that are r	recognized as charities by the	ioroian country	rocognized as a tay	I .		I

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

**<sup>3</sup>** Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if ac			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

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

Schedule F (Form 990) (Rev. 12-2024)

#### Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2: DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO ENSURE THEY ARE CONSISTENT WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE ACCOMPANIED BY GRANT AGREEMENTS THAT REQUIRE GRANTEES TO USE FUNDS IN A PERMISSIBLE MANNER TO ACHIEVE THE PURPOSE OF THEIR GOALS. SPENDING OF GRANT FUNDS AND PROGRESS TOWARD OBJECTIVES ARE MONITORED BY DEPARTMENT LEADERS WITH OVERSIGHT FROM LEADERSHIP. THE BOARD OF DIRECTORS APPROVES THE AMOUNTS OF THE GRANTS ANNUALLY. PART I, LINE 3: ACCRUAL BASIS PART I, LINE 3, COLUMN (E): REGION: SOUTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: WORK IS BEING CONDUCTED TO IMPROVE THE WELFARE OF FARMED ANIMALS AND PROMOTE PLANT-BASED FOOD INVESTIGATIONS ARE CONDUCTED, POLICY CHANGE IS ADVOCATED FOR AND WORK WITH INSTITUTIONS SUCH AS SCHOOLS IS BEING PERFORMED TO REDUCE THE CONSUMPTION OF ANIMAL PRODUCTS AN EVENT WAS HELD AT MEXICO CITY'S MONUMENTO A LA REVOLUCIN IN DEFENSE OF ANIMALS WHICH INCLUDED OUTREACH WITH INFORMATION AND ENGAGEMENT WITH THE PUBLIC. REGION: NORTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: THE CANADA ANIMAL WELFARE SCORECARD IS ONE OF THE LEADING ANNUAL REPORTS RANKING MAJOR FOOD COMPANIES OPERATING IN CANADA ON THEIR ANIMAL WELFARE PROGRESS. REGION: SOUTH ASTA (E) SPECIFIC TYPES OF SERVICES IN REGION: CONDUCTING INVESTIGATIONS POLICY CHANGE. CORPORATE OUTREACH AND PUBLIC AWARENESS CAMPAIGNS TO PROMOTE COMPASSIONATE FOOD CHOICES AND POLICIES. PART I, LINE 2 DEPARTMENT LEADERS REVIEW GRANTEE OBJECTIVES TO ENSURE THEY ARE CONSISTENT WITH MERCY FOR ANIMALS' OBJECTIVES. GRANTS ARE ACCOMPANIED BY GRANT AGREEMENTS THAT REQUIRE GRANTEES TO USE FUNDS IN A PERMISSIBLE MANNER TO ACHIEVE THE PURPOSE OF THEIR GOALS. SPENDING OF GRANT FUNDS AND PROGRESS TOWARD OBJECTIVES ARE MONITORED BY DEPARTMENT LEADERS WITH OVERSIGHT FROM LEADERSHIP. THE BOARD OF DIRECTORS APPROVES THE AMOUNTS OF THE GRANTS ANNUALLY.

### SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identification number			
MERCY FOR ANIMALS, INC.							54-2076145		
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not		
a Mail solicitations	Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a								
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P.</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
		Yes	No						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration		

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through col. (c)) (event type) (event type) (total number) 336,712. 336,712. 1 Gross receipts 2 Less: Contributions 269,370. 269,370. 3 Gross income (line 1 minus line 2) 67,342. 67,342. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 781,143. 781,143. 108,079. 108,079. **7** Food and beverages 8,311. 8,311. 8 Entertainment 427,610. 427,610. 9 Other direct expenses 1,325,143. 10 Direct expense summary. Add lines 4 through 9 in column (d) -1,257,801. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) (Rev. 12-2024) MERCY FOR ANIMALS, INC. 54-	-2076145	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	,	
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		s No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter the name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	bliector/officer Employee independent contractor		
4-	Manufakan di Pakilla di Sana		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Ye	s L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	'art III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
•			

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

#### SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
Part I General Information on Grants ar	•						54-2076145
1 Does the organization maintain records to							
criteria used to award the grants or assis  2 Describe in Part IV the organization's pro							YesNO
Part II Grants and Other Assistance to I					anization answered "V	'es" on Form 990 Part	IV line 21 for any
recipient that received more than \$					amzation anowered 1	00 0111 01111 000, 1 011	10, mic 21, 101 driy
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							THE PEOPLE'S FUND:
A WELL-FED WORLD							AMPLIFYING
3936 S. SEMORAN BLVD., #271							UNDERREPRESENTED VOICES
ORLANDO, FL 32822	27-0865905	501(C)(3)	64,800.	0.			IN SUPPORT FOR ANIMAL
							THE PEOPLE'S FUND:
APEX ADVOCACY							AMPLIFYING
3102 ROBIN ROAD							UNDERREPRESENTED VOICES
DECATUR, GA 30032	86-2799787	501(C)(3)	20,000.	0.			IN SUPPORT FOR ANIMAL
							THE PEOPLE'S FUND:
BETTER FOOD FOUNDATION, INC.							AMPLIFYING
5561 NORTH ATLANTIC AVENUE							UNDERREPRESENTED VOICES
PORTLAND, OR 97217	81-4537521	501(C)(3)	30,600.	0.			IN SUPPORT FOR ANIMAL
							THE PEOPLE'S FUND:
BLACK VEGETARIAN SOCIETY OF							AMPLIFYING
MARYLAND - 840 N EUTAW ST, APT. 2							UNDERREPRESENTED VOICES
- BALTIMORE, MD 21201	81-1874876	501(C)(3)	20,600.	0.			IN SUPPORT FOR ANIMAL
							THE PEOPLE'S FUND:
GRASSROOTS ARTISTS MOVEMENT							AMPLIFYING
2255 FIFTH AVENUE, APT. 4G							UNDERREPRESENTED VOICES
NEW YORK, NY 10037	34-1975159	501(C)(3)	20,600.	0.			IN SUPPORT FOR ANIMAL
							THE PEOPLE'S FUND:
LOUISIANA STATE UNIVERSITY AND A&M							AMPLIFYING
COLLEGE - 1146 PLEASANT HALL -							UNDERREPRESENTED VOICES
BATON ROUGE, LA 70803	72-6000720		15,000.	0.			IN SUPPORT FOR ANIMAL
2 Enter total number of section 501(c)(3) ar	•	,					•
3 Enter total number of other organizations	listed in the line	1 table					0.

MERCY FOR ANIMALS, INC. 54-2076145

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							THE PEOPLE'S FUND:
PLANT THE POWER							AMPLIFYING
3907 E MOUND ST							UNDERREPRESENTED VOICES
OLUMBUS, OH 43227	85-3120775	501(C)(3)	20,600.	0.			IN SUPPORT FOR ANIMAL
							THE PEOPLE'S FUND:
ETHINK YOUR FOOD, INC.							AMPLIFYING
2717 W SUNRISE BLVD 131							UNDERREPRESENTED VOICES
UNRISE , FL 33323	84-2273554	501(C)(3)	20,000.	0.			IN SUPPORT FOR ANIMAL
							THE PEOPLE'S FUND:
EGGIE MIJAS							AMPLIFYING
2108 N STREET, SUITE N							UNDERREPRESENTED VOICES
SACRAMENTO, CA 95816	92-2173202	501(C)(3)	20,600.	0.			IN SUPPORT FOR ANIMAL

Page 1

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	Luired in Part I lin	e 2: Part III. column	(b): and any other ac	  ditional information	
PART II, LINE 1, COLUMN (H):	dired iii i art i, iii i	c z, r art III, column	(b), and any other ac	aditional information.	
NAME OF ORGANIZATION OR GOVERNMENT: A WELL-FED WORK	ĽD.				
(H) PURPOSE OF GRANT OR ASSISTANCE: THE PEOPLE'S FU	JND: AMPLIFYI	ING			
UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL PROTE	ECTION				
NAME OF ORGANIZATION OR GOVERNMENT: APEX ADVOCACY					
(H) PURPOSE OF GRANT OR ASSISTANCE: THE PEOPLE'S FU		ING			
UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL PROTE	ECTION				
NAME OF ORGANIZATION OR GOVERNMENT: BETTER FOOD FOU	INDATTON THO	1			
(H) PURPOSE OF GRANT OR ASSISTANCE: THE PEOPLE'S FU					
UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL PROTI					
NAME OF ORGANIZATION OR GOVERNMENT: BLACK VEGETARIA	AN SOCIETY OF	MARYLAND			
(H) PURPOSE OF GRANT OR ASSISTANCE: THE PEOPLE'S FU	JND: AMPLIFYI	NG			
UNDERREPRESENTED VOICES IN SUPPORT FOR ANIMAL PROTE	ECTION				
NAME OF ORGANIZATION OR GOVERNMENT: GRASSROOTS ARTI	LSTS MOVEMENT				

### SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

# **Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MERCY FOR ANIMALS, INC.

Part I Questions Regarding Compensation

Employer identification number
54-2076145

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (4958-6/c)2	a		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LEAH GARCES	(i)	195,079.	0.	0.	5,834.	1,448.	202,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHAHID MAQSOOD	(i)	194,388.	0.	0.	5,821.	1,193.	201,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JODI MEDOFF	(i)	173,318.	0.	0.	5,192.	1,594.	180,104.	0.
CHIEF OPERATING OFFICER, CHIEF LEGAL	(ii)	0.	0.	0.	0.	0.	0,	0.
(4) KELCEY MEADOWS-LUCAS	(i)	175,543.	0.	0.	5,276.	1,648.	182,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAITLIN OATES	(i)	132,054.	0.	0.	4,158.	25,283.	161,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

54-2076145

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# SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number 54-2076145

	MERCY FOR ANIMALS,	INC.			54-20	7614	5	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	29	110,785.				
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 the organization	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted on Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used f	or			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contributi	ons?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2024

Schedule M	1 (Form 990) 2024 MERCY FOR ANIMALS, INC.	54-2076145	Page 2
Part II	Supplemental Information. Provide the information required by Part L lines 30h, 32h, and 33	and whether the organizati	on
	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	ination of both. Also compl	ete
	this part for any additional information.	·	
			_

# SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  MERCY FOR ANIMALS, INC.	Employer identification number 54-2076145
FORM 990, PART VI, SECTION B, LINE 11B:	1 20/0210
ALL DIRECTORS OF MFA ARE EMAILED AN ELECTRONIC COPY OF THE FORM 990 WITH	
ITS RELATED STATEMENTS AND SCHEDULES PRIOR TO SUBMITTING IT TO THE IRS.	
THEIR COMMENTS AND QUESTIONS REGARDING THE FORM 990 ARE ENCOURAGED.	
THEIR COMMENTS AND QUESTIONS REGARDING THE FORM 590 ARE ENCOURAGED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES	
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH EDUCATING THE	
DIRECTORS AND COVERED EMPLOYEES ABOUT THE CONTENT OF THE POLICY AND THEIR	
ONGOING OBLIGATION TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST TO THE	
GENERAL COUNSEL, AS REQUIRED BY THE POLICY. THE GENERAL COUNSEL REVIEWS ANY	
SUCH ISSUES AND ADDRESSES THEM IN COMPLIANCE WITH THE PROCESSES SET OUT IN	
THE POLICY. EACH COVERED PERSON IS ALSO REQUIRED TO COMPLETE AN ANNUAL	
CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS DECIDED AND DOCUMENTED BY	
THE INDEPENDENT BOARD, BASED ON INPUT FROM THE PEOPLE OPERATIONS DEPARTMENT	
AND INDEPENDENT COMPARABILITY DATA. COMPENSATION FOR THE OTHER OFFICERS AND	
SENIOR LEADERSHIP TEAM IS DECIDED AND DOCUMENTED BY THE CHIEF EXECUTIVE	
OFFICER IN CONSULTATION WITH THE PEOPLE OPERATIONS DEPARTMENT AND BASED ON	
INDEPENDENT COMPARABILITY DATA.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV,NH	
NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TX,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 18:	
FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. FORM	
1023 IS AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
TO THE EXTENT GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS, AND	
CONSTITUTION), CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS OF OUR	
ORGANIZATION ARE SUBJECT TO THE FEDERAL OR STATE PUBLIC DISCLOSURE RULES,	
THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY	
REQUIRE. FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ON OUR WEBSITE. THE	
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE	
PUBLIC AT THE DISCRETION OF MANAGEMENT.	
FORM 990, PART XII, LINE 2C	
THE METHOD DID NOT CHANGE FROM THE PRIOR YEAR.	
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#### **SCHEDULE R** (Form 990)

(Rev. January 2025) 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.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

54-2076145

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	ome	(e) End-of-year	assets	Direct o	(f) Direct controlling entity	
MFA TRANSFARMATION PROJECT, LLC - 93-176080	<del> </del>								
8033 SUNSET BLVD.	ADVANCE THE MISSION OF								
LOS ANGELES, CA 90046	MERCY FOR ANIMALS, INC.	DELAWARE		0.	1,171	,623.	MERCY FOR A	NIMALS	INC.
Part II Identification of Related Tax-Exempt Organizations during the tax year.		_	1	because		or more			
(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Exempt Code		(e) Public charity		(f) ct controlling	cont	<b>g)</b> 512(b)(13) trolled
of related organization		foreign country)	section		s (if section 01(c)(3))		entity		tity?
					5 T(G)(G))			Yes	No

MERCY FOR ANIMALS, INC.

<b>Identification of Related Organizations Taxable as a Partnership.</b> organizations treated as a partnership during the tax year.	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 34, because	it had one or more r	elated
organizations treated as a partnership during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i)  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		ŕ				Yes	No
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	]								
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	]								
	1								

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

Yes No

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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1	During the tax year, did the organization engage in any of the following transactions with one	e or more rela	ated organizations listed ii	n Parts II-IV?			
а	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)							
c Gift, grant, or capital contribution from related organization(s)							
d	d Loans or loan guarantees to or for related organization(s)						
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
- 1	Performance of services or membership or fundraising solicitations for related organization(s	s)			11		
	n Performance of services or membership or fundraising solicitations by related organization(s				1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
0	Sharing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		
	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete this	s line, including covered re	elationships and transaction thresholds.			
	Name of related organization Tran	(b) nsaction pe (a-s)	(c) Amount involved	(d)  Method of determining amount invo	olved		
1)							
2)							
3)							
4)							
5)							
6)							
3216	63 10-23-24			Schedule R (Form 9	990) (Re	v. 1-2025)	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?		(g) Share of end-of-year assets	Dispretion allocat	opor- ate ions?		(j) Genera manag partne	(k) Percentage ownership
		ocumiyy	Sections 512-514)	Yes No	inidonic	assess	Yes	No	(FOITH 1003)	Yes I	IO
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											_
									hadab D./Farr		

Schedule R	(Form 990) (Rev. 1-2025) MERCY FOR ANIMALS, INC.	54-2076145	Page 5
Part VII	(Form 990) (Rev. 1-2025) MERCY FOR ANIMALS, INC.  Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Provide additional information for responses to questions on Schedule R. See instructions.		
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