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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Bethesda Min (Incl Mission of Mercy)

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
15475 GLENEAGLE DRIVE

City or town, state or country, and ZIP + 4
COLORADO SPRINGS, CO 80921

D Employer identification number
84-1087689

E Telephone number
(719) 481-0100

G Gross receipts $ 15,246,905

F Name and address of Principal Officer
Dana Rasic
15475 Gleneagle Dr
Colorado Springs, CO 80921

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW MISSIONOFMERCY ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1988

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities

MISSION OF MERCY (MOM) OPERATES AS A DIVISION OF BETHESDA MINISTRIES MOM EXISTS TO EQUIP CHILDREN IN DEVELOPING NATIONS TO REACH THEIR GOD- GIVEN POTENTIAL BY CREATING OPPORTUNITIES FOR SPIRITUAL DEVELOPMENT

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	81
6	Total number of volunteers (estimate if necessary)	6	187
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	48,210
b	Net unrelated business taxable income from Form 990-T, line 34	7b	9,842

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,180,613	13,314,185
9	Program service revenue (Part VIII, line 2g)	280,923	293,754
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	264,526	443,512
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,116	5,432
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,760,178	14,056,883
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,717,360	8,266,705
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,786,746	2,549,541
16a	Professional fundraising fees (Part IX, column (A), line 11e)	119,266	0
b	(Total fundraising expenses, Part IX, column (D), line 25 1,157,862)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,379,794	3,354,524
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	16,003,166	14,170,770
19	Revenue less expenses Subtract line 18 from line 12	-242,988	-113,887

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	6,233,080	5,699,600
21	Total liabilities (Part X, line 26)	1,966,878	2,075,877
22	Net assets or fund balances Subtract line 21 from line 20	4,266,202	3,623,723

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** 2010-08-16
Signature of officer Date

Nathan Merrill CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Rita F Worster CPA | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP
111 South Tejon Suite 800
Colorado Springs, CO 809039848

EIN ▶

Phone no ▶ (719) 471-4290

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 11,212,290 including grants of $ 8,255,530) (Revenue $ 1,077)

SUPPORT OF VARIOUS CHRISTIAN MINISTRIES INCLUDING CHILD CARE, HEALTH CARE, AND EDUCATIONAL PROGRAMS IN INDIA, BANGLADESH, CAMBODIA, DOMINICAN REPUBLIC, HONDURAS AND OTHER FOREIGN AREAS AN ESTIMATED 30,400 CHILDREN PER MONTH WERE SERVED THROUGH SPONSORSHIP PROGRAMS AND APPROXIMATELY 5,400 PEOPLE WERE SERVED VIA FEEDING PROGRAMS MEDICAL MERCY ALSO SERVED 1,345 PATIENTS

4b (Code) (Expenses $ 11,175 including grants of $ 11,175) (Revenue $)

SUPPORT OF VARIOUS CHRISTIAN MINISTRIES AND OTHER 501(C)(3) ORGANIZATIONS LOCATED IN THE UNITED STATES

4c (Code) (Expenses $ 338,464 including grants of $) (Revenue $ 245,544)

HOME OFFICE BUILDING RENTED TO AFFILIATES AT A DISCOUNT (RELATED REVENUE ON PART VIII, LINE 2A)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 11,561,929 *Must equal Part IX, Line 25, column (B).*

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	35		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	81		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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		Yes	
b	If "Yes," enter the name of the foreign country BE , SP , FR , SZ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
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).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . . (1a: 8)			
b	Enter the number of voting members that are independent . . (1b: 0)			
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	Yes	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed AK , AZ , CA , FL , IL , MD , MN , NH , TN , UT , VA , WA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

NATHAN MERRILL
15475 GLENEAGLE DR
COLORADO SPRINGS, CO 80921
(719) 481-0100

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANA RASIC , CEO, DIRECTOR	5 0	X		X				0	263,899	41,786
NATHAN MERRILL , CFO, TREASURER, DIRECTOR	10 0	X		X				0	153,281	44,537
MARK PLUIMER , M O M PRESIDENT, DIRECTOR	40 0	X		X				156,603	0	32,316
DAN VAGLE , SECRETARY, DIRECTOR	10 0	X		X				0	103,419	28,369
DON BEARD , V P , DIRECTOR	5 0	X		X				18,100	0	6,630
DALE TURNER , V P , DIRECTOR	5 0	X		X				0	24,482	17,606
DON MORGAN , V P , DIRECTOR	5 0	X		X				0	23,343	18,977
LYLE ARENT , V P , DIRECTOR	5 0	X		X				0	24,768	17,820
TOM WORKMAN , ASSISTANT SECRETARY				X				0	0	0
Sean Rice , Asst Sec Dir of Corp Svcs	5 0			X				0	67,905	21,382
RICHARD ARNOLD , FORMER DIR , TREASURER							X	0	148,117	13,709

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total . . . . . ▶								174,703	809,214	243,132

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BLACKBAUD INC PO BOX 930256 ATLANTA, GA 31193	SOFTWARE PROGRAMMING	223,934
TRI-LAKES PRINTING 15706 JACKSON CREEK PKWY 120 MONUMENT, CO 80132	DIRECT MAIL PROCESS	136,975
ENDPOINT DIRECT 700 W 48TH AVE UNIT C DENVER, CO 80216	FULFILLMENT /MAILING	251,926
GREAT WEST CONSTRUCTION LLC 4360 MONTEBELLO DRIVE SUITE 800 COLORADO SPRINGS, CO 80918	GENERAL CONTRACTOR	274,522

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . . ▶ 4

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 1,050,904				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 12,263,281				
	g	Noncash contributions included in lines 1a-1f $ 7,602				
	h	**Total (Add lines 1a-1f)** ▶	13,314,185			
Program Service Revenue		Business Code				
	2a	RENT REVENUE FROM AFFILIATES 900,003	293,754	245,544	48,210	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 293,754				
	3	Investment income (including dividends, interest other similar amounts) ▶	11,879			11,879
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 4,355				
	b	Less rental expenses				
	c	Rental income or (loss) 4,355				
	d	Net rental income or (loss) ▶	4,355			4,355
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 1,479,619 / 142,036				
	b	Less cost or other basis and sales expenses 1,182,609 / 7,413				
	c	Gain or (loss) 297,010 / 134,623				
	d	Net gain or (loss) ▶	431,633			431,633
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 900,099	1,077	1,077		
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 1,077				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	14,056,883	246,621	48,210	447,867

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,142,567	4,142,567		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	36,191	36,191		
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	4,087,947	4,087,947		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	202,825		202,825	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,894,107	1,240,504		412,353
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,319	21,823	239	8,257
9 Other employee benefits	238,802	152,469	33,666	52,667
10 Payroll taxes	183,488	110,953	34,889	37,646
11 Fees for services (non-employees)				
a Management	65,510	18,835	46,675	
b Legal	33,886	15,863	18,023	
c Accounting	163,089	9,418	153,671	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	1,325	76	1,249	
g Other	801,766	587,960	53,299	160,507
12 Advertising and promotion	186,507	496	430	185,581
13 Office expenses	645,132	256,281	295,424	93,427
14 Information technology	346,644	217,502	91,545	37,597
15 Royalties	0			
16 Occupancy	173,308	173,308		
17 Travel	401,063	250,695	47,934	102,434
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	32,830	18,856	5,273	8,701
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	356,618	199,391	137,772	19,455
23 Insurance	17,446	8,921	8,525	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a UNRELATED BUSINESS INC TAXES	8,327	0	8,327	0
b CLAIMS FUNDING	13,374	6,992	4,733	1,649
c INFORMATIONAL MATERIALS	100,781	4,682	58,511	37,588
d MISCELLANEOUS	6,918	199	6,719	0
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	14,170,770	11,561,929	1,450,979	1,157,862
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,000	1	2,000
	2	Savings and temporary cash investments		584,795	2	1,487,736
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		116,671	4	46,312
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		87,893	9	71,952
	10a	Land, buildings, and equipment cost basis	10a 5,684,553			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 1,858,548	3,439,500	10c	3,826,005
	11	Investments—publicly traded securities		25,906	11	25,370
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		1,898,509	12	195,414
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		77,806	15	44,811
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		6,233,080	16	5,699,600
Liabilities	17	Accounts payable and accrued expenses		688,574	17	407,018
	18	Grants payable			18	
	19	Deferred revenue		1,350	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		1,276,954	25	1,668,859
	26	**Total liabilities.** *Add lines 17 through 25*		1,966,878	26	2,075,877
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,117,793	27	2,376,262
	28	Temporarily restricted net assets		2,132,734	28	1,231,786
	29	Permanently restricted net assets		15,675	29	15,675
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,266,202	33	3,623,723
	34	Total liabilities and net assets/fund balances		6,233,080	34	5,699,600

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			No
b	Were the organization's financial statements audited by an independent accountant?	2b			No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a			No
b	If "Yes," did the organization undergo the required audit or audits?	3b			

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bethesda Mln (Incl Mission of Mercy)

Employer identification number
84-1087689

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,007,130	13,601,380	14,386,059	15,180,613	13,314,185	70,489,367
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	14,007,130	13,601,380	14,386,059	15,180,613	13,314,185	70,489,367
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						354,752
6 **Public Support** subtract line 5 from line 4						70,134,615

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	14,007,130	34,695	14,386,059	15,180,613	13,314,185	70,489,367
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,288	34,695	46,378	32,906	16,234	161,501
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	6,530	6,496	13,026
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						70,663,894

12	Gross receipts from related activities, etc (See instructions)	12	1,841,116

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**99.251 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**99.76 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services 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 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bethesda Mln (Incl Mission of Mercy)

Employer identification number
84-1087689

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3	
2	Aggregate Contributions to (during year)	2,185	
3	Aggregate Grants from (during year)	7,585	
4	Aggregate value at end of year	27,062	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	2,148,409				
b	Contributions	9,939,890				
c	Investment earnings or losses	780				
d	Grants or scholarships	10,841,618				
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,247,461				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 1 26 %
- c Term endowment ▶ 98 74 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		40,951		40,951
b Buildings		3,351,107	1,103,585	2,247,522
c Leasehold improvements		254,362	83,766	170,596
d Equipment		665,146	219,045	446,101
e Other		1,372,987	452,152	920,835
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,826,005

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESMENT IN LTD PARTNERSHIP	195,414	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
MISCELLANEOUS DEPOSITS	3,442
AMORTIZATION	41,369
DUE FROM AFFILIATE	0
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERCOMPANY PAYABLES	1,668,859
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,668,859

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Describe the Intended uses of the organization's endowment funds	MISSION OF MERCY'S ENDOWMENT FUNDS ARE HELD IN PERPETUITY AND INCOME FROM THEM IS AVAILABLE TO SUPPORT CHILD SPONSORSHIP FUNDING THE TEMPORARILY RESTRICTED NET ASSETS ARE RESTRICTED FOR MISSION OF MERCY'S MINISTRY ACTIVITIES

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bethesda Mln (Incl Mission of Mercy)

Employer identification number
84-1087689

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
See Add'l Data					
Totals . . . . . ▶	0	0			8,801,940

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 57

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FOREIGN INDIVIDUAL GRANT 1	CENTRAL AMERICA AND THE	27	509,950	WIRE & CHECK			
FOREIGN INDIVIDUAL GRANT 2	South Asia	3	74,735	WIRE			
FOREIGN INDIVIDUAL GRANT 3	SUB-SAHARAN AFRICA	1	148,687	WIRE			

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
Part I, Line 2	Procedures for monitoring the use of grant funds outside the US	SPONSOR PROJECTS RECEIVING FUNDING ARE REQUIRED TO SUBMIT QUARTERLY DETAILED REVENUE AND EXPENSE REPORTS THAT DOCUMENT WHAT FUNDS WERE RECEIVED AND HOW THEY WERE USED INTERNAL AUDITS OF THE SPONSOR PROJECTS ARE PERFORMED ON A ROTATING BASIS
Part I, Line 3	Offices, Employees, and Agents in Foreign Regions	We use independent contractors to deliver certain program services The independent contractors are not employees or agents of the organization

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 84-1087689
Name: Bethesda Mln (Incl Mission of Mercy)

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	0	0	Program Services	Ministries	173,971
Central America and the Caribbean			Grantmaking		1,191,616
East Asia and the Pacific	0	0	Program Services	Ministries	93,157
East Asia and the Pacific			Grantmaking		102,185
Europe (Including Iceland and Greenland)			Grantmaking		100,609
Middle East and North Africa	0	0	Program Services	Ministries	37,246
Russia and the Newly Independent States			Grantmaking		83,265
South Asia	0	0	Program Services	Ministries	174,983
South Asia			Grantmaking		1,791,722
Sub-Saharan Africa	0	0	Program Services	Ministries	111,863
Sub-Saharan Africa			Grantmaking		818,550
Central America and the Caribbean			Program Services	Grants via US Entity	37,558
East Asia and the Pacific			Program Services	Grants via US Entity	974,381
Europe (Including Iceland and Greenland)			Program Services	Grants via US Entity	16,888
Middle East and North Africa			Program Services	Grants via US Entity	432,317
Russia and the Newly Independent States			Program Services	Grants via US Entity	1,624
South Asia			Program Services	Grants via US Entity	1,948,973
Sub-Saharan Africa			Program Services	Grants via US Entity	711,032
Central America and the Caribbean			Program Services	Investments	0

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean	Childcare	59,267	Wire & Check			
		Cent America/Caribbean	Childcare	28,911	Wire & Check			
		Cent America/Caribbean	Childcare	10,139	Wire			
		Cent America/Caribbean	Childcare	10,497	Wire			
		Cent America/Caribbean	Childcare	11,754	Wire			
		Cent America/Caribbean	Childcare	49,668	Wire			
		Cent America/Caribbean	Childcare	23,990	Wire			
		Cent America/Caribbean	Childcare	30,345	Wire			
		Cent America/Caribbean	Childcare	31,589	Wire			
		Cent America/Caribbean	Childcare	11,126	Wire			
		Cent America/Caribbean	Childcare	23,592	Wire			
		Cent America/Caribbean	Childcare	11,706	Wire			
		Cent America/Caribbean	Childcare	13,651	Wire			
		Cent America/Caribbean	Childcare	8,528	Wire			
		Cent America/Caribbean	Childcare	16,404	Wire			
		Cent America/Caribbean	Childcare	23,475	Wire			
		Cent America/Caribbean	Childcare	29,475	Wire			
		Cent America/Caribbean	Childcare	23,068	Wire			
		Cent America/Caribbean	Childcare	25,169	Wire			
		Cent America/Caribbean	Childcare	14,701	Wire			
		Cent America/Caribbean	Childcare	6,019	Wire			
		Cent America/Caribbean	Childcare	12,779	Wire			
		Cent America/Caribbean	Childcare	9,958	Wire			
		Cent America/Caribbean	Childcare	10,508	Wire			
		Cent America/Caribbean	Childcare	9,003	Wire			
		Cent America/Caribbean	Childcare	16,686	Wire			
		Cent America/Caribbean	Childcare	5,789	Wire			
		Cent America/Caribbean	Childcare	32,491	Wire			
		Cent America/Caribbean	Childcare	9,432	Wire			
		Cent America/Caribbean	Childcare	26,659	Wire			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean	Childcare	8,237	Wire			
		Cent America/Caribbean	Childcare	17,807	Wire			
		Cent America/Caribbean	Childcare	27,356	Wire			
		Cent America/Caribbean	Childcare	7,498	Wire			
		East Asia/Pacific	Childcare	10,937	Wire			
		East Asia/Pacific	Childcare	69,441	Wire			
		East Asia/Pacific	Childcare	17,808	Wire			
		Europe/Iceland/Greenland	Childcare	100,609	Wire			
		Russia	Childcare	5,091	Wire			
		Russia	Childcare	78,173	Wire			
		South Asia	Childcare	1,716,987	Wire			
		Sub-Saharan Africa	Childcare	15,717	Wire			
		Sub-Saharan Africa	Childcare	10,599	Wire			
		Sub-Saharan Africa	Childcare	46,720	Wire			
		Sub-Saharan Africa	Childcare	17,893	Wire			
		Sub-Saharan Africa	Childcare	18,075	Wire			
		Sub-Saharan Africa	Childcare	11,419	Wire			
		Sub-Saharan Africa	Childcare	46,844	Wire			
		Sub-Saharan Africa	Childcare	19,617	Wire			
		Sub-Saharan Africa	Childcare	11,510	Wire			
		Sub-Saharan Africa	Childcare	25,101	Wire			
		Sub-Saharan Africa	Childcare	25,905	Wire			
		Sub-Saharan Africa	Childcare	11,212	Wire			
		Sub-Saharan Africa	Childcare	35,698	Wire			
		Sub-Saharan Africa	Childcare	25,451	Wire			
		Sub-Saharan Africa	Childcare	337,985	Wire			
		Sub-Saharan Africa	Childcare	19,114	Wire			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bethesda Min (Incl Mission of Mercy)

Employer identification number
84-1087689

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSEMBLIES OF GOD WORLD MISSIONS1445 BOONVILLE AVENUE SPRINGFIELD,MO 65802	44-0577787	501(c)(3)	2,262,283				CHILDCARE & EDUCATION, FEEDING PROGRAMS, MEDICAL CARE
NEW LIFE HOME AFRICAPO BOX 16778 GOLDEN,CO 80402	20-0977545	501(c)(3)	162,500				CHILDCARE FOR AIDS BABIES
WORLD HOPE500 S SEMORAN BLVD ORLANDO,FL 32807	59-3108990	501(c)(3)	56,186				CHILDCARE & EDUCATION
CHILDREN'S CUP INTERNATIONAL RELIEF PO BOX 400 PRAIRIEVILLE,LA 70769	72-1184525	501(c)(3)	454,726				CHILDCARE & EDUCATION
HEART OF MERCY INTERNATIONAL INC1675 OLD ANTLERS WAY MONUMENT,CO 80132	20-0451305	501(c)(3)	417,102				CHILDCARE & EDUCATION
ASIANA EDUCATION DEVELOPMENT1930 6TH AVE W SEATTLE,WA 98119	38-3705279	501(c)(3)	735,876				CHILDCARE & EDUCATION, MEDICAL CARE
TIMBERLINE CHURCH2908 S TIMBERLINE RD FORT COLLINS,CO 80525	84-0470239	501(c)(3)	10,000				SEX-TRAFFICKING PREVENTION

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 7

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(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 non-cash assistance
CHILDCARE	2	36,191			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Part I, Line 2	Procedures for Monitoring the use of grant funds to U S	SPONSOR PROJECTS RECEIVING FUNDING ARE REQUIRED TO SUBMIT QUARTERLY DETAILED REVENUE AND EXPENSE REPORTS THAT DOCUMENT WHAT FUNDS WERE RECEIVED AND HOW THEY WERE USED INTERNAL AUDITS OF THE SPONSOR PROJECTS ARE PERFORMED ON A ROTATING BASIS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bethesda Mln (Incl Mission of Mercy)

Employer identification number
84-1087689

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☑ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DANA RASIC	(i)	0	0	0	0	0	0	0
	(ii)	243,870	12,700	7,329	25,186	16,600	305,685	0
NATHAN MERRILL	(i)	0	0	0	0	0	0	0
	(ii)	134,980	7,450	10,851	15,791	28,746	197,818	0
MARK PLUIMER	(i)	139,413	7,100	10,090	15,569	16,747	188,919	0
	(ii)	0	0	0	0	0	0	0
RICHARD ARNOLD	(i)	0	0	0	0	0	0	0
	(ii)	147,356	0	761	0	13,709	161,826	161,826
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Part I, Question 4	Person and Applicable amount	Richard Arnold 161,826
Part I, Line 1a	Additional Information Regarding Compensation	All spousal travel expenses paid by the organization must be approved by the CEO or CFO who determine whether the expense was for a necessary business purpose Expenses incurred that are not determined to be necessary business expenses are taxable to the individual and included in their compensation All board members received taxable spousal travel benefits during the year

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bethesda Min (Incl Mission of Mercy)

Employer identification number
84-1087689

Identifier	Return Reference	Explanation
Part VI, Question 10	Describe process to review 990	THE FORM 990 IS PREPARED BY A THIRD PARTY AND IS REVIEWED BY THE CFO AND CONTROLLER THE FINAL VERSION OF THE FORM 990 IS DISTRIBUTED VIA EMAIL TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW AND COMMENTS OVER A THREE DAY PERIOD PRIOR TO FILING MANAGEMENT ANSWERS ALL QUESTIONS AND INCORPORATES CHANGES, IF NECESSARY, INTO THE FORM 990 PRIOR TO FILING AFTER THREE DAYS, THE REVIEW PERIOD IS CLOSED

Identifier	Return Reference	Explanation
Part VI, Question 12c	Describe how conflict of interest policy is monitored & enforced	CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY BY OFFICERS, DIRECTORS AND KEY EMPLOYEES AND ARE PRESENTED TO THE BOARD FOR APPROVAL WHEN A POTENTIAL CONFLICT ARISES DURING THE YEAR, THE OFFICER, DIRECTOR OR KEY EMPLOYEE IS RESPONSIBLE FOR UPDATING THE CONFLICT OF INTEREST FORM AND THE REVISED FORM IS PROVIDED TO THE BOARD FOR APPROVAL

Identifier	Return Reference	Explanation
Part VI, Question 15a	Describe process for determining compensation	The organization utilizes the services of Delphi Consulting to perform independent compensation studies for all officers and key employees The last study was performed in August 2009 and the results were provided to the Administrative Committee of the board for their review and approval Additionally, the CEOs compensation recommendation is required to be approved by the board of directors

Identifier	Return Reference	Explanation
Part VI, Question 15b	Describe process for determining compensation	The organization utilizes the services of Delphi Consulting to perform independent compensation studies for all officers and key employees The last study was performed in August 2009 and the results were provided to the Administrative Committee of the Board for their review and approval

Identifier	Return Reference	Explanation
Part VI, Question 19	Describe how documents are made available to the public	THE AUDITED FINANCIAL STATEMENTS OF MISSION OF MERCY ARE AVAILABLE VIA ITS WEBSITE THE CONSOLIDATED AUDIT, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
Part IV, Question 12	Audited Financial Statements	Bethesda Ministries did not receive separately issued audited financial statements Bethesda Ministries was part of a consolidated audit in which consolidated financial statements were prepared in accordance with GAAP Per the IRS instructions for the 2008 Form 990, if an organization is part of a consolidated audit this box must be checked "no" Mission of Mercy, a division of Bethesda Ministries, was audited by an independent CPA firm Its audited financial statements are available at www missionofmercy org

Identifier	Return Reference	Explanation
Part I, Line 22	Net Asset Rollforward	Net Assets at 10/01/2008 4,266,202 2008 990 Net Income (113,887) Unrealized Loss (528,839) Difference Between Revenue on K-1 and Distribution Received 247 Net Assets at 09/30/2009 3,623,723

Identifier	Return Reference	Explanation
Part VI, Question 2	Family and Business Relationships	DAN VAGLE AND DALE TURNER ARE BROTHERS-IN-LAW

Identifier	Return Reference	Explanation
Part VI, Question 11	Names and Addresses	Tom Workman, 11404 Dodge Road, Omaha, NE 68154

Identifier	Return Reference	Explanation
Part VII	Officer and Director Compensation	Many of the officers and directors provide services to affiliated organizations The hours shown are specific to this organization but the compensation is total compensation for services provided to all of the affiliated organizations

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bethesda Min (Incl Mission of Mercy)

Employer identification number
84-1087689

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BETHESDA ASSOCIATES 15475 GLENEAGLE DR COLORADO SPRINGS, CO80921 84-1087692	SUPPORT ORG	NE	501(c)(3)	Ln11 Type I	NA
BETHESDA FND DBA BETHESDA ADULT COMMUNIT 15475 GLENEAGLE DR COLORADO SPRINGS, CO80921 47-0497753	SENIOR LIVING	NE	501(c)(3)	Line 9	NA
BETHESDA CHRISTIAN BROADCASTING 15475 GLENEAGLE DR COLORADO SPRINGS, CO80921 84-1162754	CHRIST RADIO	NE	501(c)(3)	Line 9	NA

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
BETHESDA REAL ESTATE COMPANY 15475 GLENEAGLE DRIVE COLORADO SPRINGS, CO80921 84-1133889	REAL ESTATE LEASE	CO	BETHESDA ASSOC	C	3,311,150	23,743,349	100 %
MISSION OF MERCY TRUST 15475 GLENEAGLE DRIVE COLORADO SPRINGS, CO80921 84-1469496	CHARITABLE TRUST	CO	NA	TRUST	0	134	100 %

Part V Transactions with Related Organizations

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	BETHESDA ASSOCIATES	a	195,641
(2)	BETHESDA FOUNDATION DBA BETHESDA ADULT COMMUN	a	49,904
(3)	BETHESDA REAL ESTATE COMPANY	a	48,210
(4)	BETHESDA ASSOCIATES	c	1,043,346
(5)	BETHESDA ASSOCIATES	l	429,131
(6)	BETHESDA REAL ESTATE COMPANY	l	50,648
(7)	BETHESDA CHRISTIAN BROADCASTING	n	38,474
(8)	BETHESDA ASSOCIATES	o	358,062
(9)	BETHESDA FOUNDATION DBA BETHESDA ADULT COMMUN	o	488,804
(10)	BETHESDA FOUNDATION DBA BETHESDA ADULT COMMUN	p	58,666

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2008

Attachment Sequence No **27**

Name(s) shown on return
Bethesda Mln (Incl Mission of Mercy)

Identifying number
84-1087689

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

	(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2							

3	Gain, if any, from Form 4684, line 45	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	134,623
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	7	134,623

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7, or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 37 and 44a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired(mo , day, yr)	(c) Date sold (mo , day, yr)
A PROPERTY & EQUIP		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*)	20	142,036			
21 Cost or other basis plus expense of sale . .	21	7,413			
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21 .	23	7,413			
24 Total gain Subtract line 23 from line 20 . .	24	134,623			
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions) . . .	26b				
c Subtract line 26a from line 24 If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d . . .	26e				
f Sections 291 amount (corporations only) . .	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses . .	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions) .	29a				
b Enter the **smaller** of line 24 or 29a (see instructions) .	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties Add property columns A through D, line 24	30	134,623
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the portion from other than casualty or theft on Form 4797, line 6	32	134,623

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . .	35		

Additional Data

Software ID:
Software Version:
EIN: 84-1087689
Name: Bethesda Mın (Incl Mıssıon of Mercy)

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

MISSION OF MERCY OPERATES AS A DIVISION OF BETHESDA MINISTRIES (BETHESDA), A NOT-FOR-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MISSION OF MERCY OPERATES AS A DIVISION OF BETHESDA MINISTRIES. MISSION OF MERCY EXISTS TO EQUIP CHILDREN IN DEVELOPING NATIONS TO REACH THEIR GOD-GIVEN POTENTIAL BY CREATING OPPORTUNITIES FOR SPIRITUAL, PHYSICAL, SOCIAL, MENTAL AND EMOTIONAL DEVELOPMENT. OUTREACHES INCLUDE, BUT ARE NOT LIMITED TO, ELEMENTARY, SECONDARY AND VOCATIONAL EDUCATION, ORPHANAGES, MEDICAL PROJECTS, HEALTH CARE, FEEDING PROGRAMS, HOMES FOR BABIES WITH AIDS AND OTHER CHRISTIAN MINISTRIES OF COMPASSION.