

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

Department of the Treasury Internal Revenue Service

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

2009 Open to Public Inspection

OMB No 1545-0047

A		e 2009 calendar year, or tax year beginning , 2009, and	d ending			, 20	
В	Check if applicable	Please C Name of organization, number and street, city, town, state, and ZIP co	de D En	nployer ide	entification i	number	
П	Address			20-1101050			
П	Name cha	inge   print or   MERCY HOUSE MINISTRIES	E Te	lephone ni	umber		
Н	Initial retu	type   See	1	228	-990-2	114	
Н	Terminate	Specific DO BOX 1128	G Gr	oss eipts	\$	27286	<del>60.</del>
Н	Amended	insue-			group return		
Н	Application			for affilia	-	Yes	No.
Ш	pending	P O BOX 1128 HURLEY MS 39555	и/ы			□ [	
_	Tav. av.	mpt status X 501(c)( 3 ) ◀ (insert no ) 4947(a)(1) or 527	—- n(v)	Are all affilia If "No", atta	ch a list	Yes	No
_				(see instruc			
_	Website			Group exen	<del></del>	N	4C
_			of formation	2001	M State of lega	at domicite L	MS_
L	art l	Summary					
	1	Briefly describe the organization's mission or most significant activities				<del></del>	
•		WORK PROGRAM FOR STUDENTS					
Activities & Governance							
–Ę-	-						
Š	2	Check this box 🕨 📙 if the organization discontinued its operations or disposed of more	than 25%	of its net	assets		
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			3	5	
Š	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	5	
itie	5	Total number of employees (Part V, line 2a)			5	1	
ξį	6	Total number of volunteers (estimate if necessary)			6		
4	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12			7a		
	ь	Net unrelated business taxable income from Form 990-T, line 34			7b		
			Pri	or Year	Cu	rrent Year	,
_	8	Contributions and grants (Part VIII, line 1h)		18722	8.	19818	80.
Revenue		Program service revenue (Part VIII, line 2g)		7504		746	
Ž		Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	- 1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26227	6	27285	59.
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		549			07.
		Benefits paid to or for members (Part IX, column (A), line 4)	313,1				<del></del>
	4-			5816	<u></u>	6760	<u> </u>
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3010	<u> </u>	0,00	-
e ii	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses, (Part IX, column (D), line 25)   RECEIVED			I		
X	_B	Total fundraising expenses, (Part IX, column (U), line 25)		19200	1	1967	00
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f(24f)		25565		27110	
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (4) Unite 2519 2010		661			
	19	Revenue less expenses Subtract line 18 from line 12	<del></del>				<u>52.</u>
ŏ	8	Total assets (Part X, line 16)	Beginn	ing of Yea		d of Year	<del>1</del> 2
Assets or	E 20			18726		1861	
Net A	21	Total liabilities (Part X, line 26)		16016		15148	
		Net assets or fund balances Subtract line 21 from line 20		2709	6.	346	<u>59.</u>
L	art II	Signature Block					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents and to th	e best of my k	nowledge		
		and belief, it is frue, correct, and complete Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any know	ledge		
				ا م	1==1==		
	gn	1 2 /2		08	<u>/16/20</u>	10	
H	ere	Signature of officer		Date	9		
		DANNY E PIERCE DIRECTOR	·				
		Type or print name and title					
ŽΡa	hid	Preparer's Date	Check r	f	Preparer's ide (see instruction	ntifying numbe ns)	er .
7	eparer':	signature   08/16/2010	P0073	4991			
		Firms name (or yours ANN WALLER TAX SERVICES INC of self-employed).	E	IN Þ	64-09	31436	
_	e Only	address, and ZIP+4 4812 MAIN MOSS POINT MS 39563	-27 P	hone no 🕨	228-4	75-66	55
Ma	ay the If	RS discuss this return with the preparer shown above? (See instructions)				Yes I	No
_		cy Act and Paperwork Reduction Act Notice, see the separate instructions.			F	orm 990 (	(2009)

US990\$\$1

Rev 1

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Form	990 (2009) MERCY HOUSE M	INISTRIES	20-1101050	Page 2
Pai	t III Statement of Program Se	rvice Accomplishments		
1	Briefly describe the organization's miss	ion		
	WORK PROGRAM FOR ST	UDENTS		
2	Did the organization undertake any sig	nificant program services during the year whic	h were not listed on	
	the prior Form 990 or 990-EZ?		Yes	₹ No
	If "Yes," describe these new services o	n Schedule O		_
3	, and the second se	or make significant changes in how it conduc	ts any program services?	No.
•	If "Yes," describe these changes on So	-	is any program controct	
4		nents for each of the organization's three large	set program services by expenses	
7		zations and section 4947(a)(1) trusts are requi		
	allocations to others, the total expense	s, and revenue, if any, for each program service	æ reported	
	(O-d- ) (F	126000	) (Davida 6	
4a	(Code ) (Expenses \$	126090 . Including grants of \$	) (Revenue \$	,
	COMPLIMENT THE TEEN	CUNTIENCE NON-PROFITE	ORGANIZATION BY PROVIDING	<u> </u>
		TO STAY LONG ENOUGH TO		
		WITNESS OF THE GOSPEL,	AND TO EVALUATE WHETHER	
		LONG TERM DISCIPLESHIP	TRAINING OFFERED BY TEER	<u> </u>
	CHALLENGE			
	·			
4b	(Code ) (Expenses \$	126090. including grants of \$	) (Revenue \$	)
			, ,	•
	TEMPORARY HOUSING.	PERSONAL AND FAMILY SU	PPORT, ASSISTANCE IN FIN	GING
		<del></del>	ARE PROVIDED FOR THOSE W	
		OMPLETED THE TEEN CHAL		
	mive coccessioner	OHI BELLEVILLE	BBNOB TROOTURE	
			<u> </u>	
4c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
	-			
4d	Other program services (Describe in S	Schedule O)		
	(Expenses \$	including grants of \$	)(Revenue \$	
<u>4e</u>	Total program service expenses ▶	252180.		
			Form 99	0 (2009)

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#### Part IV 'Checklist of Required Schedules

If "Yes," complete Schedule D, Part V

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			1
	Part II	4	i	X
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 similar funds or accounts where donors have the right to			İ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
0	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	—X, or-provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	-		
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			

VII, VIII, IX, or X as applicable
 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,

- Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more
  of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more
  of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
  the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII

	Schedule D, Parts XI, XII, and XIII				12		X	
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year	?	Yes	No				
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		Х				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X	
14a	14a Did the organization maintain an office, employees, or agents outside of the United States?							
b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,							
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		X	
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						_X_	
16	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		X	
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part	IX,						
	column (A), line 11e? If "Yes," complete Schedule G, Part I				17		X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of	on						
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II						X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a	?						
	If "Yes," complete Schedule G, Part III				19		X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H							Х	

Fal	Checklist of Required Scriedules (continued)	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			, ,
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			X
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		Х
b	-Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly	ļ	!	·
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38	000	X
		Fo	orm 990	(2009

Рa	Statements Regarding Other IRS Filings and Tax Compliance					
		1 1			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		^	1		
	U.S. Information Returns Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	о геропар	ie	المها	v I	
	gaming (gambling) winnings to prize winners?	i 1		1c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		2b	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax re Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (s		ations)	20	27 ]	l .
	Did the organization have unrelated business gross income of \$1,000 or more during the year cov		olions)			
	this return?	vereu by		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	her author	ity over	35		
	a financial account in a foreign country (such as a bank account, securities account, or other finan		•	4a		Х
	If "Yes," enter the name of the foreign country	10101 0000	<b>4</b> ,	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	ıan Bank		-		
	and Financial Accounts	· · · · · · · · · · · · · · · · · · ·				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	رع		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt En		rding			
	Prohibited Tax Shelter Transaction?		· ·	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and do	id the				
	organization solicit any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			,		_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly to	for goods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which is	ıt was				
	required to file Form 8282?	1 1	1	7c		l
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on	a persona	al	1 1		ı
	benefit contract?			7e		-
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f		
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as requir		40	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 109 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		equirea /	7h	l	i
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsor		ration			
	have excess business holdings at any time during the year?	ing organ	ization,	8	!	1
	Sponsoring organizations maintaining donor advised funds.			1 0 1	,	ł
	Did the organization make any taxable distributions under section 4966?			9a	ľ	1
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter			1 55 1		1
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			_		
	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	_	_			
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them )					
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
				Fο	rm 99Ñ	(2009)

Pa	irt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through the second of the	•		No"	
	·	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche	dule O See instri	uctions	v. 1	<del></del>
Secti	on A. Gov	erning Body and Management			Yes	No
4	Catas tha	averbas of votice manches of the government and	1 45	5.		
		number of voting members of the governing body	1a	<u>5,</u>		
_		number of voting members that are independent	1b	<u>J.</u>		
2	•	fficer, director, trustee, or key employee have a family relationship or a business relationship with		اما	Х	
		officer, director, trustee, or key employee?		2_		
3		rganization delegate control over management duties customarily performed by or under the direct		,		Х
4		on of officers, directors or trustees, or key employees to a management company or other person?	was filed?	3		$\frac{X}{X}$
4		rganization make any significant changes to its organizational documents since the prior Form 990	was meu r	5		$\frac{X}{X}$
5		rganization become aware during the year of a material diversion of the organization's assets?		6		$\frac{X}{X}$
6		organization have members or stockholders? organization have members, stockholders, or other persons who may elect one of more members				
/a				7a		Х
h	_	verning body? lecisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	•	rganization contemporaneously document the meetings held or written actions undertaken during		1.0		
•		by the following?				
•		erning body?			X	
	_	nmittee with authority to act on behalf of the governing body?		8b		Х
		iny officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		52		
•		panization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Pol		ode )			
0000	O. D. 1 O.	(This cooking by together internation about periods introduced by the international cooking to the inte			Yes	No
10a	Does the	organization have local chapters, branches, or affiliates?		10a		X
		does the organization have written policies and procedures governing the activities of such chapters	S,			
	· ·	and branches to ensure their operations are consistent with those of the organization?		10b		
11		opy of the Form 990 provided to the organization's governing body before it was filed? All organizati	ons			
		cribe in Schedule O the process, if any, the organization uses to review the Form 990		11	Χ	
12a		organization have a written conflict of interest policy? If "No", go to line 13		12a	X	
		ers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to co			12b	Х	
С	Does the	organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe	in Schedule O how this is done		12c	Χ	
13	Does the	organization have a written whistleblower policy?		13	Χ	
14	Does the	organization have a written document retention and destruction policy?		14	X	
15	Did the p	rocess for determining compensation of the following persons include a review and approval by				
	ındepend	tent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	sion		1	1
а	The orga	inization's CEO, Executive Director, or top management official?		15a	X	
b	Other of	icers or key employees of the organization?		15b	X	ĺ
	Describe	the process in Schedule O (see instructions)				
16a	Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	l	١
		xable entity during the year?		16a		X
b		has the organization adopted a written policy or procedure requiring the organization to evaluate				
		pation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	j	1		1
		nization's exempt status with respect to such arrangements?		16b		
	ion C. Dis					
		states with which a copy of this Form 990 is required to be filled MS	(a)(3)a anhi)			
18		6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(	c)(3)s only)			
		e for public inspection. Indicate how you make these available. Check all that apply				
		website	funtaract			
19		e in Schedule O whether (and if so, how), the organization makes it governing documents, conflict o	i iiileiesi			
20	•	nd financial statements available to the public	rde of the			
20		ename, physical address, and telephone number of the person who possesses the books and reco tion ►SISTER PARMALE 15910 HWY MOSS POINT MS 3956.		-238	8	
	organiza	MINI NOTOTEK EVVIANTE 12310 UMT 11092 EOTIVI 142 2320	2 220 300	230	<u> </u>	

# 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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week		Institutional trustee	officer	Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DANNY PIERCE										
DIR/PRES	40	Х						14300.	0	0
JEFFREY MARRIS BOARD	10			X				0	0	0
TERESA LYND	10			<u> </u>	<u> </u>		<del> </del>	<u> </u>		
SEC/TREAS	2			Х				0	0	0
GLEN LYND										
BOARD	2			X	<u> </u>		<u> </u>	0	0	0
VALERIE MARRIS	]									
BOARD	2			X	<u></u>			0	0	0
							_			
	_									
	}									

Section A. Officers, Directors,	i	Key Er	mploy			High	est (		_	/E)
. (A) Name and title	(B) Average	Positi	on (ch	(C) neck		hat ap	ply)	( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated
	hours per	or and	Inst	Officer	Κe)	en F	절	compensation	compensation	amount of
	week	Individual trustee or director	Institutional truste	Cer	Key employee	Highest compensated employee	Former	from	from related	other
		tor	ona		plo	ee		the organization	organizations (W-2/1099-MISC)	compensation from the
		rust	ī	:	yee	mp		(W-2/1099-MISC)	(44-2/1099-141130)	organization
		ee	stee			sansa		(11-2/1000-111100)		and related
				ļ		ited				organizations
									_	
-	]					1	-			
			-				<u> </u>			
	-									
					—		├			-
	1									
					—	<del></del>	<u> </u>			
	]			<u> </u>						
							1			
				<u> </u>		ļ	<u> </u>			
<del></del>	1		İ							
<del>_</del>				<del> </del>	-	<del> </del> -	┢			
	1									
	-			<del> </del>			$\vdash$			
	1			!						
					<u>.</u>					
		<u> </u>		<u> </u>	_	ļ	ļ	<u> </u>		
	-									
1b Total	J	ļ	i	<u> </u>	<u> </u>		_	14300.	0	0
2 Total number of individuals (including but i	not limited	to thos	e liste	d ab	ove	) who	rece			<u> </u>
from the organization						,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>-</b>
										Yes No
3 Did the organization list anyformer officer,	director or	truste	e, key	em	oloye	ee, or	high	est compensated		1 1 1
employee on line 1a? If "Yes," complete So								•		3   X
4 For any individual listed on line 1a, is the s	•		-					=		
the organization and related organizations	greater the	an \$15	0,000	) II	Yes	," com	plet	e Schedule J for suc	n	4     X
<ul><li>individual</li><li>Did any person listed on line 1a receive or</li></ul>	accille col	mnens	ation i	from	anv	unrel	ated	organization for		14114
services rendered to the organization? If "		•			•			•		5   X
Section B. Independent Contractors									_	
1 Complete this table for your five highest co	mpensate	d ınde	pende	nt co	ontra	actors	that	received more than	\$100,000 of	
compensation from the organization										
(A)								(B)		(C)
Name and busines	ss address						-	Description of	services	Compensation
	<u>-</u>						$\vdash$			
							$\vdash$	<del></del>		
	•							· <u></u>		
							T			<del></del>
2 Total number of independent contractors (	including b	ut not	limited	d to t	hos	e liste	d ab	ove) who received m	ore than	
\$100,000 in compensation from the organ	_							-		

Rev 1

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c				
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
<u>7b, 8</u>	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	6707.	6707.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22			I !	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	14300.	7150.	7150.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		·—·-		
7	Other salaries and wages	53302.	53302.		
-8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	248.		248.	
d	Lobbying				
0	Professional fundraising services See Part IV, line 17		1		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	2844.		2844.	
14	Information technology	· <del>-</del>			
15	Royalties				
16	Occupancy	49052.	49052.		
17	Travel	30171.	30171.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	230.		230.	
20	Interest	6750.	6750.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5898.	5898.		
23	Insurance				
24	Other expenses Itemize expenses not	1			
	covered above (Expenses grouped together	3 3 4			
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below)	1			
а	SEE STMT	7871.			
b		393.			
С		19629.			
d		274.			
е		42371.			
f	All other expenses	31067.			
25	Total functional expenses. Add lines 1 through 24f	271107.	252180.	18927.	
26	Joint Costs Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Rev 1

Par	t X	Balance Sheet									
					(A)		(B)				
					Beginning of year		End of year				
	1	Cash - non-interest-bearing			2195.	1	3116.				
	2	Savings and temporary cash investments				2					
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net		4							
	5	Receivables from current and former officers, dire									
		employees, and highest compensated employees		5							
	6	Receivables from other disqualified persons (as o									
		4958(f)(1)) and persons described in section 495	B(f)(1)) and persons described in section 4958(c)(3)(B) Complete								
		Part II of Schedule L				6					
χq.	7	Notes and loans receivable, net			7						
Assets	8	Inventories for sale or use				8					
As	9	Prepaid expenses and deferred charges				9					
	10a	Land, buildings, and equipment cost or other			1						
		basis Complete Part VI of Schedule D	10a	220124.		•					
	b	Less accumulated depreciation	10b	37097.	185066.	10c	_183027.				
	11	Investments - publicly traded securities		<u> </u>		_11_					
	-12-	Investments - other securities See Part IV, line 1		12							
	13	Investments - program-related See Part IV, line		13							
	14	Intangible assets		14							
	15	Other assets See Part IV, line 11				15					
	16	Total assets Add lines 1 through 15 (must equal	line 3	4)	187261.	16	186143.				
	17	Accounts payable and accrued expenses		<del></del>		17					
	18	Grants payable		18							
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities			20						
so.	21	Escrow or custodial account liability Complete P.	art IV d	of Schedule D		21					
Liabilities	22	Payables to current and former officers, directors	, truste	ees, key							
ig		employees, highest compensated employees, an	d dısq	ualified	•	ı	1				
Ï		persons Complete Part II of Schedule L				22					
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23_					
	24	Unsecured notes and loans payable to unrelated	third p	parties		24					
	25	Other liabilities Complete Part X of Schedule D			160165.	25	151484.				
	26	Total liabilities Add lines 17 through 25		·	160165.	26	151484.				
		Organizations that follow SFAS 117, check her	θ ▶	X and	1						
Š		complete lines 27 through 29, and lines 33 and	34.				1				
nce	27	Unrestricted net assets			27096.	27	34659.				
ala	28	Temporarily restricted net assets				28	·				
<u> </u>	29	Permanently restricted net assets		_		29					
돌		Organizations that do not follow SFAS 117, che	ck he	re ▶ ∐							
5		and complete lines 30 through 34.			1	1	İ				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30					
\SS	31	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		31					
<b>1</b>	32	Retained earnings, endowment, accumulated inc	ome,	or other funds		32					
Z	33	Total net assets or fund balances			27096.	33	34659.				
	34	Total liabilities and net assets/fund balances			187261.	34	186143.				

Form **990** (2009)

Form 9	990 (2009) MERCY HOUSE MINISTRIES	20-110105	0 <b>P</b> a	ge <b>12</b>
Par	t XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a ∣	X_
b	Were the organization's financial statements audited by an independent accountant?		2b	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the		
	audit, review, or compilation of its financial statements and selection of an independent accountant?	L:	2c_	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	Li	2d	
	separate basis consolidated basis both consolidated and separate basis			
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?	ئا	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	;	3b	
		Fo	rm <b>99</b> 0	(2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

**Employer identification number** Name of the organization 20-1101050 MERCY HOUSE MINISTRIES (All organizations must complete this part ) See instructions Reason for Public Charity Status The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii) 3 A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described insection 170(b)(1)(A)(vi) (Complete Part II) X - An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Sessection 509(a)(2) (Complete Part III ) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated b | Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organ-(V) Did you (vi) Is the organization (described on lines 1-9 ization in col notify the organization in support above or IRC section (i) listed in your organization in col (i) governing organized (see instructions)) col (i) of your document? support? in the US? Yes Yes No Yes No No

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

Schedule A (Form 990 or 990-EZ) 2009

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

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

Sec	tion A. Public Support										
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and	(a) 2000	(5) 2000	(6) 200.	(u) 2000	(5) = 555	(1) 10141				
•	membership fees received (Do not										
	include any "unusual grants ")	18531.	96420.	91730.	66593.	65644.	338918.				
2	Gross receipts from admissions, merchan-	100011		32,000							
-	dise sold or services performed, or facilities										
	furnished in any activity that is related to										
	the organization's tax-exempt purpose	21442.	95195.	81519.	75048.	74679.	347883.				
3	Gross receipts from activities that		701701	01017.	, , , , , ,						
	are not an unrelated trade or business	70307.	105800.	107484.	120635.	132536.	536762.				
4	under section 513 Tax revenues levied for the organization's										
•	benefit and either paid to or expended on					i					
	its behalf										
5	The value of services or facilities	_	-								
	furnished by a governmental unit to the										
	organization without charge										
6	-TotalAdd-lines-1-through-5	-110280.	297415.	280733.	262276.	272859.	1223563.				
	Amounts included on lines 1, 2, and 3										
. 4	received from disqualified persons					1					
b	Amounts included on lines 2 and 3										
_	received from other than disqualified				!						
	persons that exceed the greater of										
	\$5,000 or 1% of the amount on line 13 for the year		1								
	Add lines 7a and 7b					_					
8	Public support (Subtract line 7c from line 6)						1223563.				
	tion B. Total Support	<u> </u>									
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
9	Amounts from line 6	110280.	297415.	280733.	262276.		1223563.				
_	Gross income from interest, dividends,						<u></u>				
	payments received on securities loans,										
	rents, royalties and income from similar										
	sources										
b	Unrelated business taxable income (less						_				
	section 511 taxes) from businesses										
	acquired after June 30,1975										
С	Add lines 10a and 10b										
11	Net income from unrelated business										
	activities not included in line 10b, whether										
	or not the business is regularly carried on										
12	Other income Do not include gain or										
	loss from the sale of capital assets										
	(Explain in Part IV)										
13	Total support. (Add lines 9, 10c, 11, & 12)	110280.	297415.	280733.	262276.	272859.	1223563.				
14	First five years. If the Form 990 is for the orga	anization's first,	second, third, fou	rth, or fifth tax ye	ear as a section !	501(c)(3)					
	organization, check this box andstop here						•				
Sec	tion C. Computation of Public Supp	ort Percentag	ge								
15	Public support percentage for 2009 (line 8, co	lumn (f) divided	by line 13, colum	n (f))		15	100.00 %				
16	Public support percentage from 2008 Schedu	le A, Part III, line	15 .			16	100.00 %				
Sec	tion D. Computation of Investment I	ncome Perce	entage								
17											
18	Investment income percentage from 2008 School	edule A, Part III,	line 17			18	0.00 %				
198	a 33 1/3 % support tests - 2009. If the organiza	tion did not chec	k the box on line	14, and line 15	is more than 33	1/3 %, and line 1					
	not more than 33 1/3 %, check this box andste	op here The org	janization qualifie	es as a publicly s	supported organi	zation	. ► X				
b	33 1/3 % support tests - 2008. If the organization	tion did not chec	k a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3 %,					
	is not more than 33 1/3 %, check this box and	stop here The	organization qual	ifies as a publich	y supported orga	inization	▶ [				
20	Private foundation. If the organization did not	check a box on	line 14, 19a, or 1	19b, check this b	ox and see instr	uctions	<b>•</b>				

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990.

See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

**Employer identification number** Name of the organization MERCY HOUSE MINISTRIES 20-1101050 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 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1 a 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

Sche	dule D (Form 990) 2009	MERCY HOUS	E MINISTRIES		2	20-1	101050	Page 2
Pai	t III Organiz	ations Maintaining	Collections of Art,	Historical Treasur	es, or Other Si	milar A	Assets	
	(continued	)						
3	Using the organization	s accession and other re	cords, check any of the	following that are a sigi	nificant use of its co	llection	items (check a	all that
	apply)							
а	Public exhibition			d Loan or excha	nge programs			
b	Scholarly research			e 📗 Other				
С	Preservation for fu	ture generations						
4	Provide a description of	f the organization's colle	ctions and explain how	they further the organiza	ation's exempt purp	ose in F	Part XIV	
5	During the year, did the	e organization solicit or re	eceive donations of art,	historical treasures, or o	other similar assets	to be so	old	_
	to raise funds rather th	an to be maintained as p	art of the organization's	collection?			Yes	No
Pai	t IV Trust, E	scrow and Custodia	al Arrangements.	Complete if organiza	ition answered ``Ye	s" to Fo	rm 990, Part I	V, line 9,
	or reported	an amount on Form 990	), Part X, line 21					
1a	Is the organization and	agent, trustee, custodian	or other intermediary fo	r contributions or other	assets not included			
	on Form 990, Part X?						Yes	∐ No
b	If "Yes," explain the arr	angement in Part XIV an	d complete the following	g table				
							Amour	nt
С	Beginning balance					1c		
d	Additions during the ye	ar				1d		
θ	Distributions during the	year eyear				- <u>1e</u> -		
f-	Ending balance					1f		
2a	Did the organization in	clude an amount on For	n 990, Part X, line 21?				Yes	⊠ No
b	If "Yes," explain the ari	angement in Part XIV						
Pa	rt V Endown	nent Funds. Comp	lete if organization ansv	vered Yes" to Form 99	0, Part IV, line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	s back	(e) Four ye	ars back
1a	Beginning of year							
	balance			 _j				
b	Contributions							
С	Investment earnings							
	or losses							

	for facilities and					
	programs					
f	Administrative					
	expenses	<u> </u>				_
g	End of year balance		ı			
2	Provide the estimated	percentage of the year end l	balance held as			
а	Board designated or q	uasi-endowment ▶ <u>0.</u>	<u>.00</u> %			
b	Permanent endowmen	≀ ► <u>0.00</u> %				
C	Term endowment ▶_	0.00 %				_
3a	Are there endowment	unds not in the possession	of the organization tha	t are held and administered for the organization by		Ĺ
	(i) unrelated organiza	tions			3a(i)	
	(ii) related organization	ns			3a(ii)	Ĺ
b	If "Yes" to 3a(II), are th	e related organizations lister	d as required on Sche	dule R?	3b	
A	Describe in Part XIV th	e intended uses of the orga	nization's endowment	funds		

Par	t VI Investments - Land, Buildir	ngs, and Equipment.	See Form 990, F	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	40,000.			40,000.
b	Buildings	157,265.		17,325.	139,940.
c	Leasehold improvements				
d	Equipment				
е	Other	22,859.	-	19,772.	3,087.
Total	. Add lines 1a-1e (Column (d) should equal Fon	m 990, Part X, column (B),	line 10(c) )	<b>•</b>	183,027.

Schedule D (Form 990) 2009

Yes

No

d Grants or scholarships e Other expenditures

Rev 1

		20-1	TOI	.050	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme			070	0.5.0
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		272,	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		<u>271,</u>	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			752.
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			750
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	.4		752.
	Reconciliation of Revenue per Audited Financial Statements With Revenue	per K		1	***
1	Total revenue, gains, and other support per audited financial statements	ļ	_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)		20-		
. 6	Add lines 2a through 2d		2e -		
-3	-Subtract line 2e from line 1	I	<b>.</b> 3		-
4	Amounts included on Form 990, Part VIII, line 12, but not on lines				
a	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  4b				
b	,		4-1		
C	Add lines 4a and 4b  Table 1999 Add lines 2 and 4a (This about a goal Farm 200 Fact Lines 13.)		4c		
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)  **Example 12   Table  26 001		uen.		
1 al	Total expenses and losses per audited financial statements	sa pei	1	uiii	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-+		
ے a	Donated services and use of facilities				
b	Prior year adjustments 2b				
C	Losses reported on Form 990, Part IX, line 25				
d	Other (Describe in Part XIV)				
е	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 lines		·		
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)  4b	_	1		
-	Add lines 4a and 4b .		4c		
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)		5		
Par	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, III	nes 1b a	and 2	b, Part V, line	<del>.</del> 4,
Part 2	X Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any	additio	nal in	formation	
				_	
	<del></del>				-
—	<del></del>	\$6	hed	ule D (Form 9	190) 2009

2 OMB No 1545-0047 **Employer identification number** Open to Public Inspection 2009 Yes 20-1101050 × 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 ► Complete if the organization answered ``Yes," of Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. General Information on Grants and Assistance MERCY HOUSE MINISTRIES Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part I

	wered ``Yes"	<b>A</b>	ption of (h) Purpose of grant	ssistance or assistance								Schedule I (Form 990) 2009
	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"		Method of valuation (g) Description of	(book, FMV, appraisal, non-cash assistance other)								
States	United States. Comp	is needed	non-cash	assistance (b								
grant funds in the United \$	Organizations in the	990) if additional space is needed	(d) Amount of cash	grant								. Form 990.
for monitoring the use of	Governments and	hedule I-1 (Form 99)	(c) IRC	section if applicable							rnment organizations	, see the Instructions for
Istalice? Ition's procedures	Assistance to	art IV and Sc	(b) EIN		:				ļ		01(c)(3) and gove	uction Act Notice
used to award the grants of assistance.  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	II II	than \$5,000. Use Part IV and Schedule I-1 (Form	1 (a) Name and address of	organization or government							2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	<u> </u>

#### OMB No 1545-0172 Form **4562** Depreciation and Amortization 2009 (Including Information on Listed Property) Attachment Department of the Treasury See separate instructions. Attach to your tax return. Sequence No Internal Revenue Service Business or activity to which this form relates Identifying number Name(s) shown on return 20-1101050 MERCY HOUSE MINISTRIES FORM 990 PAGE 10 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 1 Maximum amount See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter thesmaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions ) Section A 5,126. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr (d) Recovery (g) Depreciation (e) (a) Classification of property (f) Method year placed in (business/investment use deduction period Convention only - see instructions) service 19a 3-year property 3,859. 200 DB 772. b 5-year property c 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs мм S/L Residential rental 27 5 yrs MM S/L property 27 5 yrs ММ Nonresidential real 39 yrs S/L

MM S/L property Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L þ 12-year 12 yrs MM S/L c 40-year 40 yrs Part IV Summary (See instructions) 21 Listed property Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

5,898.

For Paperwork Reduction Act Notice, see separate instructions.

20-1101050

US 990 Other Fo	<u> </u>	enses: Page 10,	Management	
Description of the Asset	Total	Services	and General	Fundraising
				undraising
ELEPHONE	7,871.	5,266.	2,605.	
QUIPMENT RENTAL	393.	393.		
ISSION GIFTS	19,629.	19,629.		
ERTIFICATES	274.	274.		
TUDENT INDUCTION FEE	42,371.	42,371.		
OOD	2,085.	2,085.		
EDICAL SUPPLIES	267.	267.		
ISC STUDENT EXPENSE	495.	495.	!	
OUSING ALLOWANCE	11,700.	5,850.	5,850.	
ORK RELATED EXPENSES	16,520.	16,520.		
ORK REDAILD EXCENSES			0 455	
	101,605.	93,150.	8,455.	
,				