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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable.
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

C Name of organization **Mercy Ministries of America, Inc.**
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 111060
City or town, state or country, and ZIP + 4
Nashville, TN 37222

D Employer identification number **72 : 0973419**

E Telephone number **(615) 831-6987**

G Gross receipts $ **8,744,912**

F Name and address of principal officer: **Robert M. Martin, 15328 Old Hickory Blvd, Nashville, TN 37211**

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 ▶ N/A

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

J Website: ▶ **www.mercyministries.com**

K Form of organization. ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1983**

M State of legal domicile: **LA**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **Mercy Ministries of America, Inc. exists to provide opportunities for young women to experience God's unconditional love, forgiveness, and life-transforming power.**

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	121
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,755,375	8,550,100
	9 Program service revenue (Part VIII, line 2g)	88,101	6,450
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,586	1,755
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(101,081)	(4,503)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,744,981	8,553,802
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	396,538	463,652
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,618,485	4,086,985
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 512,716		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,604,947	3,430,709
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,619,970	7,981,346
	19 Revenue less expenses. Subtract line 18 from line 12	125,011	572,456

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		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,179,255	10,778,523
	21 Total liabilities (Part X, line 26)	2,518,906	2,545,718
	22 Net assets or fund balances. Subtract line 21 from line 20	7,660,349	8,232,805

Part II Signature Block

EP/EO - CSPC

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.

Sign Here

Signature of officer — Date: 5/13/10

ROBERT M. MARTIN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date — Check if self-employed ▶ ☐ — Preparer's Identifying number (see instructions)

OSTIGAN
6 '10

Firm's name (or yours if self-employed), address, and ZIP + 4 — EIN ▶ — Phone no. ▶ ( )

AUG 16 '10
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May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2009)

AUG 16 10

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CINCINNATI SERVICE CENTER

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Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		196,629	1	643,700
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		25,000	3	10,330
	4	Accounts receivable, net		365,029	4	321,614
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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		312,539	8	340,601
	9	Prepaid expenses and deferred charges		206,788	9	111,993
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,820,403			
	b	Less: accumulated depreciation	10b 3,525,999	9,073,270	10c	9,294,404
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	55,881
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,179,255	16	10,778,523
Liabilities	17	Accounts payable and accrued expenses		205,069	17	361,162
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables 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 to unrelated third parties		2,313,837	24	2,184,556
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,518,906	26	2,545,718
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		7,609,333	27	7,914,380
	28	Temporarily restricted net assets		51,016	28	318,425
	29	Permanently restricted net assets			29	
		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		7,660,349	33	8,232,805
	34	Total liabilities and net assets/fund balances		10,179,255	34	10,778,523

M2-1D

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 , 2008, and ending , 20

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 **Mercy Ministries of America, Inc.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) **P.O. Box 111060** Room/suite

City or town, state or country, and ZIP + 4 **Nashville, TN 37222**

D Employer identification number **72 : 0973419**

E Telephone number **(615) 831-6987**

G Gross receipts $ **8,098,820**

F Name and address of principal officer: **Linda Hood, 15328 Old Hickory Blvd, Nashville, TN 37211**

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)

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

J Website: ► **www.mercyministries.com**

H(c) Group exemption number ► **N/A**

K Type of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: **1983**

M State of legal domicile: **LA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Mercy Ministries exists to provide opportunities for young women to experience God's unconditional love, forgiveness, and life-transforming power.

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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	107
6	Total number of volunteers (estimate if necessary)	6	90
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,606,210	7,755,375
9	Program service revenue (Part VIII, line 2g)	4,300	88,101
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,949	2,586
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	180,702	(101,081)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,808,161	7,744,981
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	631,497	396,538
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,064,756	3,618,485
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 449,825		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,806,456	3,604,947
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,502,709	7,619,970
19	Revenue less expenses. Subtract line 18 from line 12	305,452	125,011

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	10,232,891	10,179,255
21	Total liabilities (Part X, line 26)	2,491,428	2,518,906
22	Net assets or fund balances. Subtract line 21 from line 20	7,741,463	7,660,349

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

Sign Here

Signature of officer — Date: 5.15.09

Type or print name and title: LINDA Hood, Executive Director

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ► ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ► | Phone no. ►

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2008)

CINCINNATI SERVICE CENTER

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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

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
MERCY MINISTRIES OF AMERICA, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
POST OFFICE BOX 111060

City or town, state or country, and ZIP + 4
NASHVILLE, TN 37222-1060

D Employer identification number
72-0973419

E Telephone number
615-831-6987

F Accounting method: ☐ Cash X Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶WWW.MERCYMINISTRIES.COM

J Organization type (check only one) ▶ X 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,808,161.

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes X No

I Group Exemption Number ▶ N/A

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	5,848,215.	
	c	Indirect public support (not included on line 1a)	1c	757,995.	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash $ 6,283,810. noncash $ 322,400.)			1e 6,606,210.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 4,300.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 16,949.
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0. of contributions reported on line 1b)	9a	103,300.	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1			9c 103,300.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 77,402.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 6,808,161.
Expenses	13	Program services (from line 44, column (B))			13 5,332,839.
	14	Management and general (from line 44, column (C))			14 760,658.
	15	Fundraising (from line 44, column (D))			15 409,212.
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses. Add lines 16 and 44, column (A)			17 6,502,709.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 305,452.
	19	Net assets or fund balances at beginning of year (from prior year, column (A))			19 7,436,011.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 7,741,463.

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CINCINNATI SERVICE CENTER

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

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: Address change; Name change; Initial return; Final return; Amended return; Application pending

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

C Name of organization: MERCY MINISTRIES OF AMERICA, INC.

Number and street (or P O box if mail is not delivered to street address): POST OFFICE BOX 111060

Room/suite:

City or town, state or country, and ZIP + 4: NASHVILLE, TN 37222-1060

D Employer identification number: 72-0973419

E Telephone number: 615-831-6987

F Accounting method: Cash [X] Accrual [ ] Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Website: ► WWW.MERCYMINISTRIES.COM

J Organization type (check only one) ► [X] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ► [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b 8b, 9b, and 10b to line 12 ► 5,514,844.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If 'Yes,' enter number of affiliates ► N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If 'No,' attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ► N/A

M Check ► [ ] if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	5,349,875.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash $ 5,258,026. noncash $ 91,849.)			1e 5,349,875.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 3,575.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 4,208.
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c
	7	Other investment income (describe ►)			7
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 14,462.	8a (B) Other 675.	
	b	Less cost or other basis and sales expenses	14,678.	8b 1,080.	
	c	Gain or (loss) (attach schedule)	<216.	8c <405.>	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B) STMT 1 STMT 2			8d <621.>
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ► [ ]			
	a	Gross revenue (not including $ 0. of contributions reported on line 1b)		9a 92,167.	
	b	Less direct expenses other than fundraising expenses		9b 4,511.	
	c	Net income or (loss) from special events Subtract line 9b from line 9a SEE STATEMENT 3			9c 87,656.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 49,882.
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 5,494,575.
Expenses	13	Program services (from line 44, column (B))			13 3,812,278.
	14	Management and general (from line 44, column (C))			14 1,071,404.
	15	Fundraising (from line 44, column (D))			15 424,810.
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses Add lines 16 and 44, column (A)			17 5,308,492.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18 186,083.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 7,249,931.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 7,436,014.

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

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning and ending

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

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

C Name of organization
MERCY MINISTRIES OF AMERICA, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 111060

City or town, state or country, and ZIP + 4
NASHVILLE, TN 37222-1060

D Employer identification number
72-0973419

E Telephone number
(615)831-6987

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶WWW.MERCYMINISTRIES.COM

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,780,227.

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a 5,528,217.		
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 4,661,322. noncash $ 866,895.)		1d	5,528,217.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	119,335.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
	7	Other investment income (describe ▶)		7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 15,380.	8a		
	b	Less: cost or other basis and sales expenses: 15,613.	8b		
	c	Gain or (loss) (attach schedule): <233.>	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1		8d	<233.>
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	10 a	Gross sales of inventory, less returns and allowances	10a 67,061.		
	b	Less: cost of goods sold	10b 12,865.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 2		10c	54,196.
	11	Other revenue (from Part VII, line 103)		11	50,234.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	5,751,749.
Expenses	13	Program services (from line 44, column (B))		13	3,488,676.
	14	Management and general (from line 44, column (C))		14	1,046,903.
	15	Fundraising (from line 44, column (D))		15	76,891.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	4,612,470.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	1,139,279.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	6,110,652.
	20	Other changes in net assets or fund balances (attach explanation)		20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	7,249,931.