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SCANNED NOV 0 1 2010

Form 990-EZ

Short Form
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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

OMB No 1545-1150

2009

Department of the Treasury

		ende Service			of filey flave to use a copy of			<u> </u>		
Α	For the	e 2009 calend	ar year,	or tax year beginning	06/01/09 , and	ending 05/	<u>31/1</u>	0		
B	Check if	applicable	Please	C Name of organization	1				D Em	ployer identification number
	Address	change	use IRS label or							
	Name c	hange	print or	Mercy Servi	ice League			[.	34	-1249538
Ц	Initial re	turn	type.	Number and street (or P (D box, if mail is not delivered to	o street address)		Room/suite		ephone number
	Тегтила	ition	See Specific	1320 Mercy Drive NW						80-685-3154
	Amende	nded return Instruc- City or town, state or country, and ZIP + 4							F Gro	up Exemption
	Applicat	ation pending tions. Canton OH 44708							Nur	mber 🕨
	Sec	tion 501(c)(3)	organiz	ations and 4947(a)(1)	nonexempt charitable tru	ists must attach		G Accounting	method	X Cash Accrual
				npleted Schedule A (Fo	orm 990 or 990-EZ).			Other (specify)	<u> </u>	
1	Websit	te· ▶ <u>N /</u>	A	····				H Check	X if th	e organization is not
<u>1</u> _	Tax-exe	empt status (ch	eck only one	e) — X 501(c) (3) ◀ (insert no)	4947(a)(1) or	527	required to 990-EZ, or	attach Sc 990-PF)	hedule B (Form 990,
K	Check		if the org	ganization is not a sectio	n 509(a)(3) supporting org	anization and its g	ross rec	eipts are norma	lly not m	ore than \$25,000 A
	Form 9	90-EZ or Forn	n 990 ret	urn is not required, but if	the organization chooses	to file a return, be	sure to f	ile a complete re	eturn	
<u>L_</u>	Add line	s 5b, 6b, and 7b	, to line 9	to determine gross receipts,	if \$500,000 or more, file Form	990 instead of Form	990-EZ			285,656
_ F	Part I	Reven	ue, Ex	penses, and Chan	ges in Net Assets o	r Fund Balanc	es_(S	ee the instru	ctions	for Part I.)
	1	Contributions,	gifts, gran	ts, and similar amounts rece	eived				1	
	2	Program ser	vice reve	enue including governme	nt fees and contracts				2	
	3	Membership	dues an	d assessments		See S	state	ment 1	3_	1,050
	4	Investment II	ncome						4	822
	5a	Gross amou	nt from s	ale of assets other than	inventory	_ 5a				
	Ь	Less cost or	other ba	asis and sales expenses		5b				
	c	Gain or (loss)	from sale	of assets other than inventor	ry (Subtract line 5b from line 5a	a)			5c	
ě	6	Special events	and activ	ities (complete applicable pa	arts of Schedule G) If any amo	ount is from gaming	, check hei	re ▶ 🗍		
Revenue	a			ncluding \$				لب	-	,
ě		reported on I	ine 1)	<u> </u>		6a		283,78	4	j
_	Ь	•	•	s other than fundraising	expenses	6b		91,39	 ;	
	С		•		activities (Subtract line 6b	from line 6a)			6c	192,391
	7a			ory, less returns and allo		7a	1			
	Ь	Less cost of			•	7b				
	C		•		Subtract line 7b from line 7	7a)			7c	
	8	Other revenu				/) 8	
	9		•	ines 1, 2, 3, 4, 5c, 6c, 7c	and 8	-	-	,	9	194,263
	10			nounts paid (attach sche				Stmt 2	10	189,000
	11	Benefits parc			,				11	
•	12	I OII.		ensation, and employee	henefits				12	
nses	13	Professional		other payments to inde	nendent contractors				13	375
ë		Occupancy	rent utili	ties, and maintenance	pendent contractors				14	
Expe	15			postage, and shipping					15	
	16	Otherson	COL	cribe See St	atement 3) 16	5,768
	17	•	-	l lines 10 through 16					17	195,143
	18			the year (Subtract line	17 from line 9)				18	-880
ā			•	- · · ·	ear (from line 27, column (A)) (must annee w	uth			1
Net Assets	'3			ported on prior year's ret		A)) (Illust agree w			19	7,329
Ā	20	•	-	assets or fund balances					20	, , , , , , ,
ž	20 21	=			ombine lines 18 through 2	n			21	6,449
<u>-</u>	art II				ine 25, column (B) are \$1,		ile Form	990 instead of F		
	are m	Dalant	Je One	(See the instructions for		200,000 01 111010, 1	i —	Beginning of year	01111 330	(B) End of year
22	Cach	savings, and ii	wostma		n rait ii j			7,32	9 22	6,449
		-	IVESTITIES	N3					23	
		nd buildings	na b			١			24	
		assets (descrit	Je 🚩			,	—	7,32		6,449
	Total a		ariba 🕨			`		,,52	0 26	0,449
		i abilities (des		· (line 27 of column (P)	nuet agree with line 24\	··················'	 	7,32		6,449
				Reduction Act Notice	see the separate instruc	tione		,, ,,,,		Form 990-F7 (2000)
DA		y not allu ra	pel WUIK	ACCURACION ACCINONES,	see the separate motifue	alviig.				Form 330-EZ (2009)
J/V	•									>

	Service League		1-1249538				Page 2
	ogram Service Accomplishment	ts (See the instruct	ions for Part II	l.)		Ex	penses
What is the organization's primary exe	mpt purpose?				(R	equired	for section
Support charitable mission	of Mercy Medical Center.					•	and 501(c)(4)
	ig out the organization's exempt purposes				on	ganızatıc	ons and section
manner, describe the services provide	d, the number of persons benefited, or oth	er relevant information fo	r		49	47(a)(1)	trusts, optional
each program title	·				fo	r others))
28	•						
						ĺ	
(Grants \$) If this amount includes foreign grants	s, check here			28a		
29						t	
						l	
(Grants \$) If this amount includes foreign grants	s, check here			29a		
30							
	4,				1 1	ı	
	•					ı	
(Grants \$) If this amount includes foreign grants	s, check here	<u> </u>		30a		
31 Other program services (attach sci						ı	
	00) If this amount includes foreign grants	s, check here		<u> </u>	31a		189,976
32 Total program service expenses					32		189,976
Part IV List of Officers, Direct	ctors, Trustees, and Key Employees. Lis						
(a)	Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		Contribi yee bene	utions to efit plans &	(e) Expense account and
		devoted to position	enter -0)	defe	red comp	ensation	other allowances
Christine Ridgeway	Canton	President		ļ		-	
1320 Mercy Dr.	ОН 44707	5.00	0			0	0
Linda Ganser	Canton	Vice Presider	t			ļ	
1320 Mercy Dr.	ОН 44707	3.00	0	<u> </u>		0	0
Cindy Ertle	Canton	Treasurer					
1320 Mercy Dr	. ОН 44707	3.00	0	<u> </u>		0	0
Lisa Werstler	Canton	Assistant Tre	asurer				
1320 Mercy Dr.	ОН 44707	2.00	0	<u> </u>		0	0
Audria Wynn	Canton	Secretary					
1320 Mercy Dr.	ОН 44707	2.00	0	↓		0	0
Dottie Keller	Canton	Secretary				ĺ	
1320 Mercy Dr.	OH 44707	2.00	0	_		0	0
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DAA				L		<u>_</u> _	m 990-EZ (2009)
UAA						For	m メダリーピム (2009)

	Other information (Note the statement requirements in the instructions for	rait v.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			Yes	No
•	description of each activity		22		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		33		
	the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no	t reported	1 34		-
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	110ps//00			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		-	1	
	6033(e) notice, reporting, and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		X_
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	a			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	b	_		
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9	a	_{{		
b	Gross receipts, included on line 9, for public use of club facilities	b	_	1	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefits	efit	•	1	
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		1 '		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			1	
	organization managers or disqualified persons during the year under sections 4912,			1	
_	4955, and 4958		- [
a	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		ļ		
_	reimbursed by the organization		-		
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		40-		X
44	transaction? If "Yes," complete Form 8886-T		40e		
41	List the states with which a copy of this return is filed The organization's books are in care of Cindy Ertle	Talanhana na			
42a	1320 Mercy Dr NW	Telephone no			
	Located at Canton, OH	ZIP+4 ▶ 44	1708		
b	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			Yes	No
	account)?		42b	163	X
	If "Yes," enter the name of the foreign country		725		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		-		
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	1	X
	If "Yes," enter the name of the foreign country		<u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		-		▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
	, ,	·			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			1	
_	"Yes," Form 990 must be completed instead of Form 990-EZ		45	<u> </u>	X
			Form 99	0-EZ	(2009)
	·				

	n 990-5Z (2009) Mercy Service League ort Vi Section 501(c)(3) organizations and section 494	7/0\/4\ no		1-1249538	-4 All			age 4
-	501(c)(3) organizations and section 4947(a)(1) n							
	and complete the tables for lines 50 and 51.	Oliozomp	Ondinable	c tradia madi e	iliswei questioi	13 70	700	
16	Did the organization engage in direct or indirect political campaign activitie	s on behalf o	of or in oppos	ition to			Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I					46		X
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
18	Is the organization operating a school as described in section 170(b)(1)(A)	(II)? If "Yes,"	complete Sc	hedule E		48		X
19a	Did the organization make any transfers to an exempt non-charitable related organization?							
b	If "Yes," was the related organization a section 527 organization?					49b		
50	Complete this table for the organization's five highest compensated employers				=			
	employees) who each received more than \$100,000 of compensation from					(2)	F	
	(a) Name and address of each employee paid more than \$100,000	ho	itle and average urs per week oted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount an allowar	ıd
None	e							
	:					_'		
f	Total number of other employees paid over \$100,000		▶		-			
51	Complete this table for the organization's five highest compensated indeperation, one of compensation from the organization. If there is none, enter "No. "		ctors who ea	ich received more	than			
_	(a) Name and address of each independent contractor paid more than \$100,000		(b)	Type of service	(c) C	ompens	ation	
No	one /s							
						-		
	•							
								
	•							
d	Total number of other independent contractors each receiving over \$100,0	000	>		· · · · · · · · · · · · · · · · · · ·			
	•							

self-10/10/10 employed ► X Paid signature Harter, CPA Edward A. Preparer's EDWARD A. HARTER, CPA Firm's name (or yours EIN \blacktriangleright Use Only 9377 Forest Trail NW Phone rf self-employed), Massillon, OH 44647 address, and ZIP + 4 no 🕨

CPA

Date

Check if

Date

May the IRS discuss this return with the preparer shown above? See instructions

Type or print name and title

Form **990-EZ** (2009)

No

Preparer's Identifying Number (See instr.)

► X Yes

Here

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service
Name of the organization

Mercy Service League

Employer identification number 34-1249538

P	art I	Reas	on for Pub	lic Charity	Status (All orga	<u>nizatıons</u>	must co	omplete	this p	art)S	ee ins	tructio	ons.			
The	orga	nization is not	a private found	dation because	e it is (For lines 1 thro	ough 11, che	ck only o	ne box)								
1		A church, cor	nvention of chi	urches, or ass	ociation of churches d	lescribed in	section 1	70(b)(1)(/	A)(i).							
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii). (Attach Schedu	ile E)										
3	X	A hospital or	a cooperative	hospital service	e organization descri	bed in secti	on 170(b)	(1)(A)(iii)								
4		A medical res	search organiz	ation operated	f in conjunction with a	hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,			
		city, and state	е													
5		An organizati	on operated fo	or the benefit o	f a college or universi	ity owned or	operated	by a gove	ernmenta	al unit de	scribed	ın				
		section 170(b)(1)(A)(iv). (C	Complete Part	II)											
6					overnmental unit desc	ribed in sec	tion 170(b)(1)(A)(v	').							
7	\Box	An organizati	on that normal	lly receives a s	substantial part of its s	support from	a govern	mental un	ut or fron	n the ge	neral pu	blic				
		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	П	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross														
	L															
		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	he organizatioi	n after June 30), 1975 See section	509(a)(2). (0	Complete	Part III)								
10			-		, exclusively to test for p				a)(4).							
11	П	-	_	-	exclusively for the ben					carry ou	t the					
		_	_	6	ed organizations desc							tion				
		509(a)(3). Ch	eck the box th	at describes th	ne type of supporting	organization	and com	plete lines	11e thr	ough 11	h					
		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														
е	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 organiza	ation received	a written detei	rmination from the IRS	S that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
		organization,	check this box	· ·												
g		Since August	17, 2006, has	the organizat	ion accepted any gift	or contribution	on from a	ny of the								_
_		following per	sons?													
		(i) A persor	who directly o	or indirectly co	ntrols, either alone or	together wil	th persons	s describe	ed in (ii)	•					Yes	No
		and (III) b	pelow, the gov	erning body of	the supported organi	ization?							119	(i)		
		(ii) A family	member of a p	person describ	ed in (i) above?								119	y(u)		
		(iii) A 35% c	ontrolled entity	y of a person d	escribed in (i) or (ii) a	bove?							119	J(ni)	T	
_ h		Provide the f	ollowing inforn	nation about th	ne supported organiza	ation(s)					_					
(i)	Name	e of supported	(ii)	EIN .	(III) Type of orga	nization	(IV) is the o	irganization	(v) Did y	ou notify	(vi)	s the	(vii)	Amou	ınt of	
	org	anization			(described on lin		1 ''	sted in your	the organ	ization in	organizat	on in col zed in the	s	uppo	rt	
				\$	above or IRC se		governing	document?		ort?		3?				
					·		Yes	No	Yes	No	Yes	No				
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Schedule A (Form 990 or 990-EZ) 2009 Mercy Service League 34-1249538 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here, Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test-2008. If the organization did not check a 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 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a 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 10%-facts-and-circumstances test—2008. 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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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

Page 3

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received h from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 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 section 501(c)(3) organization, check this box and stop here, Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 33 1/3 % support tests—2009. 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 33 1/3 % support tests—2008. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

SCHEDULE G (Form 990 or 990-EZ)

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ. See separate instructions

Name of the organization Mercy Service Lead		Employer identification number 34–1249538				
Part Fundraising Activities. Complete in Form 990-EZ filers are not required	f the organizat I to complete t	ion an: nis par	swe t	red "Yes" to Form	990, Part IV, lin	e 17
1 Indicate whether the organization raised funds through a	any of the following	activities	Che	eck all that apply		
a Mail solicitations	e Solicitation	of non-	gove	rnment grants		
b Internet and email solicitations	f Solicitation	of gove	∙rnm€	ent grants		
c Phone solicitations	g Special fui	ndraising	eve ر	nts		
d In-person solicitations						
2a Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity in						Yes X No
b If "Yes," list the ten highest paid individuals or entities (fu to be compensated at least \$5,000 by the organization	ındraisers) pursuan			nts under which the fur	ndraiser is	
(i) Name of individual entity (fundraiser)	(ii) Activity	(ui) Did to raiser h custody control contribut	ave y or l of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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Total			•			

registration or licensing

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٠,	art	Fundraising E more than \$15	Events . Complete if the orga 5,000 on Form 990-EZ, line	anization answered "Yes" to 6a. List events with gross re	Form 990, Part IV, line	e 18, or reported			
		•	(a) Event #1 Ball (event type)	(b) Event #2 Strike Up & Tre (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))			
Revenue	1 2	Gross receipts Less Charitable contributions	271,919	10,906	959	283,78	14		
	3	Gross revenue (line 1 minus line 2)	271,919	10,906	959	283,78	4		
	4	Cash prizes	10,500			10,50	0		
	5	Noncash prizes	,						
uses	6	Rent/facility costs	2,328			2,32	8		
Direct Expenses	7	Food and beverages	52,608			52,60	8		
Direc	8	Entertainment	2,800			2,80	0		
	9	Other direct expenses	23,157			23,15	7		
 P	10 11 art I	Net income summary Co	Add lines 4 through 9 in column (d) combine line 3, column (d), and line 1 plete if the organization ans	0	art IV, line 19, or repo	91,39 192,39 rted more	3		
	1		on Form 990-EZ, line 6a.	(b) Pull tabs/instant	· · · · · · · · · · · · · · · · · · ·	(d) Total gaming (Add	_		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))			
-	1	Gross revenue							
nses	2	Cash prizes					_		
Direct Expenses	3	Noncash prizes					_		
Direc	4	Rent/facility costs					_		
	5	Other direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor	X No	X No	X No		_		
	7	Direct expense summary	Add lines 2 through 5 in column (d))	▶	,			
	8	Net gaming income summ	mary Combine line 1, column d, and	line 7	.	·			
9	Ent	er the state(s) in which the	e organization operates gaming activ	nties		Yes No			
a b		he organization licensed to No," Explain	o operate gaming activities in each o	f these states?		9a X	_		
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain								
4.6	Б.	the care to the ca	-	-0		11 3	,		
11 12	ls t		e gaming activities with nonmembers beneficiary or trustee of a trust or a le gaming?		tity	12 X			

Sche	dule G (Form 990 or 990-EZ) 2009 Mercy Service League	34-12495	38	-	age 3
•		1 1		Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %	⊣ [
b	An outside facility	13b %	-		
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name ► Cindy Ertle				
	1320 Mercy Dr NW				
	Address Canton	он 44708			
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ►				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				•
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	is the organization required under state law to make charitable distributions from the gaming proceeds to		1		₹ 🕶
	retain the state gaming license?		17a	 -	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				Ī
	in the organization's own exempt activities during the tax year			L	1

MERCY Mercy Service League

34-1249538 *FYE: 5/31/2010

Federal Statements

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Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description		Amount
Annual dues	\$	1,050
Total	\$	1,050

MERCY Mercy Service League

34-1249538

Federal Statements

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FYE: 5/31/2010

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

<u> </u>	Name and Address		Class of Activity				
	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
- Mercy Medical C	Center ·	Er, Ho	ospice, NIMO 189,000				
1320 Mercy Driv	re NW		,				
Canton, OH 4470	8						
Total							
			189,000				

MERCY Mercy Service League

34-1249538 FYE: 5/31/2010

Federal Statements

10/10/2010 7:56 PM

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	 Amount
Strike Up & Treasures Supplies	\$ 5,167
Expenses State tax for non-profits Other	250 351
Total	\$ 5,768