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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)

OMB No 1545-0047

Department of the Treasury

Depa Inter	artment nal Revi	of the Treasury enue Service		► The organization m	nay have to use a	copy of this re	turn to satisfy	state repor	tıng requiren	nents	Ор	en to Publi	c Inspection
	For th	ne 2009 calenda	ar year,	or tax year beginnir	ng Jul 1		, 2009, a	nd endi	ıg Jun	30		, 2010	
В	Check i	f applicable		C Name of organization	on					D Employ	er Iden	tification Num	ber
	X Ad		러ease use IRS label	MISSIONARIE	S OF OUR	LADY O	DIVIN	E MER	CY	20-	4572	2642	
	Na	ame change	or print or type.	Number and street	(or PO box if mail	is not delivere	d to street addr) Room/	suite	E Telepho	ne nun	nber	
	In:	itial return	See specific	8170 FLANNE	RY COURT					(70:	3) 6	559-163	6
	Те	ermination	instruc- tions.	City, town or country	у		State Z	IP code +	4		-		
	Ап	mended return		MANASSAS			VA	20109		G Gross r	eceipts	s 641,	396
	Ap	plication pending	F Name a	and address of principal o	officer				1	a group retur		filiates?	Yes X No
		F	ŒLLII	E ROSS 8170 FLAN	NERY COURT M	ANASSAS	VA.	20109		affiliates incl attach a list		structions)	Yes No
1	Tax	-exempt status	X 501	ı(c) (3) ◄ (ı	nsert no)	4947(a)(1) or	527] ",	arwon a not	(300 111	30 0000137	
J	Wel	bsite: ► WWW	DIVI	NEMERCYNOW.	ORG				H(c) Group	exemption na	ımber ^l	<u> </u>	
K		of organization	Corpora	ation Trust	Association C	Other ►	L Ye	ar of Forma	ition 200	6 M s	State of	legal domicile	VA
Pa	rt I	Summai											
	1	Briefly describe	e the org	janization's mission	or most signif	ficant activit	ties <u>TO</u> S	ERVE_T	E POOR E	SOTH MATI	RIA	TA WND SE	PIRITUALLY
9												. – – – –	
ğ													
) Governance	_												
ģ		Check this box		if the organization obers of the governir			s or aispose	ed of mo	re than 25	% of its as		10	
0 4 6UII Activities &			•	t voting members o			t VI. line 1b)			4	8	
ٽِڙِ ٽ	1			yees (Part V, line 2		,, (,	,			5	8	
4 ,5				eers (estimate if ne							6	100	
-	1	•		ousiness revenue fro			ine 12				7 a		0.
Z Z	ь	Net unrelated t	ousiness	taxable income fro	m Form 990-T	, line 34			1		7Ь		
									F	rior Year			ent Year
و ر	1		ts (Part VIII, line 1h		684,5	<u> 10.</u>		<u>643,339.</u>					
규를	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)												-4,105 .
Z ê			_			-	1-1				25.		188.
SCANNED Revenue				II, column (A), lines nes 8 through 11 (m				12\	 	685,1	97	-	<u>1,974.</u> 6 41 ,396.
<u>7</u>								12)	+	312,8			305,261.
	Signature										,,,,	<u> </u>	303,201.
	15										17.		167,703.
963	1			g fees (Part IX, col				,	—				
Expenses	ı			-				210	-				
ă	_ D	Total fundraisir	ng exper	nses (Part IX, colun		EN.	119	,310.	.			<u> </u>	
	l			X, column (A), lines	-				-	107,7			149,081.
		•		nes 13-17 (must equ		lumn (A), lii	ne 25)		-	541,2			622,045.
	19	Revenue less e	expense	s Subtract line 18 f	rom line 12					143,9			19,351.
500									Begi	nning of Y			of Year
98	1	Total assets (P								298,1		<u> </u>	294,903.
Net Assets or Fund Balancos	21	Total liabilities	•	, and the second second		_			ļ <u> </u>		89.	ļ	3,481.
	22 1rt			ances Subtract line	21 from line 2	20				296,5	19.	<u> </u>	<u> 291,422.</u>
Pe	ire ii	Signatu											
		Under penalties true, correct, and	of perjury, d complete	I declare that I have exar Declaration of preparer	mined this return, ir (other than officer)	ncluding accom is based on all	panying schedi information of	ales and sta which prep	itements, and arer has any	l to the best o knowledge	of my kr	nowledge and b	belief, it is
Sig	m	► 6€	4	= 					1	12	1. /	\circ	
He	re	Signature of	officer						Da			<u> </u>	
		> < +e	nhen	Luteran	Chich	-0000	t - 0	FR.					
		Type or prin	t name an	10		Opera	11.73 °	1116	1				
							Da	te	Ic	heck if	P	reparer's ident	tifying number
Pa	id		سهم		0/	4 - 14	ر ا	2/		elf- mployed	\square	seė instructions	•
Pro	e-	Preparer's signature	Pa	wix C. Be	unasa	The Contract of the Contract o	'	2/1/	10	project	7	P0023	4622
	rer's	Firm's name (or	Hen	dershot, Bur	khardt £	Reed.	CPAs						
Us		yours if self employed),		5 Presidenti			- 	···		IN ►			
On	ıı y	address, and ZIP + 4		assas		VA	20109				(70	3) 361-	-1592
May	v the II			with the preparer sh	own above? (s						,	X Yes	
				work Peduction Ac				ne		TEEADIOI	וכודח		m 991 (2009)

	990 (2009) MISSIONARIES OF OUR LADY OF DIVINE MERCY	20-45	7264	2		Page 2
Pai	t III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission TO SERVE THE POOR BOTH MATERIALLY AND SPIRITUALLY					
2	Did the organization undertake any significant program services during the year which were not listed on th	e prior				
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O		Ц	Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?		Yes	X	No
4	If 'Yes,' describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported	expenses llocations to	Section other	on 501 s, the	(c)(3) total	
	expenses, and revenue, if any, for each program service reported					
4 <i>a</i>	(Code) (Expenses \$ 512,082. including grants of \$ 3,022.) (F HOUSE OF MERCY PROVIDES FREE CLOTHING, NEW SHOES, FOOD, MEDICAL ASSISTANCE, AND RELIGIOUS EDUCATIONAL MATERIALS DONATED BY THE CO	ASSISTA	ICE,			85.)
	TO INDIVIDUALS AND COUPLES.	OMMONIT.				
			- - -	- - -		
				- - -		
						:
71	(Code) (Expenses \$ 4,229. including grants of \$ 0.) (F OPERATION MERCY PROGRAM WHICH PROVIDES EMERGENCY ASSISTANCE IN TO AID TO INDIVIDUALS AND COUPLES.	Revenue \$		FIN	ANCI	_0.) AL
				 		:
40	(Code) (Expenses \$17,196. including grants of \$0.) (F MISCELLANEOUS PROGRAM ACTIVITIES THAT SUPPORT THE MISSION OF THE					0.)
	I.E. FAMILIES FOR MERCY, WEEKLY PRAYER AND RADIO.					
	PASSPORT TO HOPE PROVIDES MATERIAL NEEDS AND FINANCIAL ASSITANCE	TO FAM	LIE	 s.		
4 d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 533,507.					

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>	4		<u>x</u>
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? <i>If 'Yes,' complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>x</u>
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
	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		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>x</u>
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part 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			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>x</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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	15		x
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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		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	20		<u>x</u>

			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		x
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 employees? If 'Yes,' complete Schedule J	23		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		x
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
ď	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 direct or indirect 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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, 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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
2 A A		Form	oon /	วกกล

Га	1 V Statements Regarding Other IRS Finings and Tax Compliance				
	Fisher the annulus recented in Pay 2 of four 1000. Annual Summers and Transcribel of U.S.	ı		Yes	No
1	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1Ы 0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	х	
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 8			
2	$oldsymbol{\mathfrak{p}}$ If at least one is reported on line 2a, did the organization file all required federal employment t	ax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	n (see instructions)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	За		х
	olf '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 of financial account in a foreign country (such as a bank account, securities account, or other final fire or other final fire or other the name of the foreign country.	r other authority over, a ancial account)?	4a		х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Formation Accounts	oreign Bank and	ŀ		
5	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax v	(ear?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	·	5b		x
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entil	F			
•	Tax Shelter Transaction?	y regarding r formblied	5с		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?	d did the organization	6a		x
ļ	o If 'Yes,' did the organization include with every solicitation an express statement that such con deductible?	tributions or gifts were not	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and paid provided to the payor?	tly for goods and services	7a	x	
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<u> </u>	7b	х	
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?	ch it was required to file	7с		x
	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 benefit contract?	on a personal	7e		x
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef	it contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as rec	quired?	7g		
1	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form	1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizations. Did the ve excess business	8		х
9	Sponsoring organizations maintaining donor advised funds.	ţ			
	Did the organization make any taxable distributions under section 4966?		9a		х
	Did the organization make any distribution to a donor, donor advisor, or related person?		9ь		x
	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12	10a		•	
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter		- 1		
	Gross income from other members or shareholders	11 a	- 1	1	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116			
12:	section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of		12a	1	
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	100, Cities the amount of tax exempt interest received of accided during the year	<u></u>			

BAA

Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

C	tion A Coverning Rody and Management			
Jec	ction A. Governing Body and Management	I	Yes	No
1 -	a Enter the number of voting members of the governing body		res	140
	b Enter the number of voting members that are independent 1b8	┥ ╽		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	┪ ┃		
2	officer, director, trustee or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7 a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
t	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	a The governing body?	8a	X	
t	b Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internation	al		
Reve	enue Code)			
			Yes	No
10 a	a Does the organization have local chapters, branches, or affiliates?	10a		X
t	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	x	
11/	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990			
12 <i>a</i>	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
t	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
(© Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	х	
14	Does the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	a The organization's CEO, Executive Director, or top management official	15a	Х	
t	b Other officers of key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
t	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16ъ	;	
Sec	ction C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) at inspection. Indicate how you make these available. Check all that apply	/ailable	for pu	blic
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policitatements available to the public	y, and	financ	ıal
	State the name, physical address, and telephone number of the person who possesses the books and records of the organic	nızatıon		1 63 <i>6</i>
•	THE ORGANIZATION 01/0 FLANDERI COURT MANASSAS VA 20109 (,03)_6		-636

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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

L	Check this box if the organization did not	compens	ate an	y cı	ırrer	nt of	ficer, (direc	ctor, or trustee		
	(A)	(B)			(c)			(D)	(E)	(F)
	Name and Title	Average hours			_	_	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
		per week	adividuel frances or director	institutional footbe	Offi 🕶	Key employee	Highest countersaled employee	Fuine	the organization from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
F	ELLIE ROSS										
_	EO/CHAIRMAN	50.00	х		х				58,804.	0.	0.
_	TEVEN LUTERAN						!		•		
_	:00	50.00	x	1	x				l 0.	0.	0.
3	COTT ROSS BECRETARY										0.
_		1.00	Х	\vdash		\vdash		 	0.	0.	0.
1	CHRIS COOK CREASURER	1.00	x						0.	0.	0.
_	EAN CROWHURST	1.00	x						0.	0.	0.
E	R. FRANCIS PEFFLEY										
	X OFFICIO MEMBER	1.00	х	ļ					0.	0.	0.
	HOMAS HEIM		-								
_	DIRECTOR	1.00	x						0.	ο.	0.
3	OHN BOUCHARD										
Ī	PIRECTOR	1.00	х	Ì.					0.	0.	0.
_	ANDRA BOUCHARD										
I	IRECTOR	1.00	X						0.	0.	0.
I	ATHLEEN BRAGA										
1	IRECTOR	1.00	X						0.	0.	0.
_											
_											
_											
_		-									,,,,,
_								-			
_											
_											

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	oye	es,	an		pensated Em	ployee	s (coi	nt.)
(A)	(B)	(c) ge Position (check all that apply)					ادامه	(D)	(E)	(F)		
Name and Title	hours per week		Institutional	Officer	_	Highest compensate employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo cor or a	stimated out of ott opensation the ganization of related ganizatio	her on n d
		8	trustee			nsated						
										•		
	-											
	-											
									 .			
	-											
					-							
			-									
	ļ				-					-		
41.7	L						\sqcup	F0 004		 		
1 b Total2 Total number of individuals (including but not limited	to these	- liet	lod d	- hou	ر ده،	ub a	>	58,804.	0			
from the organization	10 111051	<i>-</i> 1131	ieu a	300v	(e) v	VIIO	iece	wed more than \$	roo,ooo iii reportai	ne comp	ensaud	ווג
									· · ·		Yes	N
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep 	dıvıdual		_	-	-		_	•		3		3
the organization and related organizations greater th	an \$150	,000)? If	Ye.	s' co	ompi	lete	Schedule J for su	ch	4		3
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J i	ition for s	fror uch	n ar <i>per</i> s	ıy uı s <i>on</i>	nrela	ated	organization for s	ervices .	5	i	3
ection B. Independent Contractors												
 Complete this table for your five highest compensate compensation from the organization 	d indep	ende	ent c	ontr	acto	ors t	hat r	eceived more tha	n \$100,000 of ———————			
(A) Name and business addres	s							Description of	of Services	Compe	C) ensatio	n
												_
												_
2 Total number of independent contractors (including to \$100,000 in compensation from the organization ►	out not li	mıte	d to	tho	se li	sted	i abo	ove) who received	more than	-		_

Pai	t vill Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above	643,339.				
NDONTRI	g Noncash contribns included in Ins 1a-1f \$	276,155.				
٦٧	h Total. Add lines 1a-1f	Business Code	643,339.			
EN	2a T-SHIRTS	453220	-6,172.	-6,172.	0.	ο.
RE		453310	2,067.	2,067.	0.	0.
VICE	c					
1 SE	d					
RA.	f All other program service revenue					
80	q Total. Add lines 2a-2f	>	-4,105.			
	Investment income (including dividends other similar amounts)	•	188.	0.	0.	188.
	4 Income from investment of tax-exempt	bond proceeds				
	5 Royalties (i) Real	(II) Personal				
	6a Gross Rents	(ily i craoria)				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	>				
	7a Gross amount from sales of assets other than inventory (i) Securities	(II) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	<u> </u>				
Į	d Net gain or (loss)					
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
8	See Part IV, line 18	а				
Ĕ		b[
	c Net income or (loss) from fundraising e	vents •				
	•	a				
	b Less direct expensesc Net income or (loss) from gaming activity	b ties •				
	10a Gross sales of inventory, less returns	a				
		b				
	c Net income or (loss) from sales of inver	ntory				
[Miscellaneous Revenue	Business Code		·		
	11a MISCELLANEOUS	900099	1,974.	1,974.	0.	0.
İ	b					
	d All other revenue					
	e Total. Add lines 11a-11d	-	1,974.			
_	12 Total revenue. See instructions		641,396.	-2,131.	0.	188.

Page 10

Statement of Functional Expenses

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

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV,		ехрепзез	general expenses	скрепаса
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	278,643.	278,643.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	26,618.	26,618.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	60,000.	42,000.	13,800.	4,200
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		85,202.	59,389.	20,651.	5,162
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	11,375.	5,418.	5,457.	500
10	Payroll taxes	11,126.	7,850.	2,551.	725
11	Fees for services (non-employees)				
ŧ	a Management				
ı	b Legal	1,000.	1,000.	0.	0
(C Accounting	8,722.	0.	8,722.	0
(d Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
(g Other	7,552.	5,146.	1,250.	1,156
12	Advertising and promotion	2,094.	1,729.	0.	365
13	Office expenses	21,501.	15,110.	3,902.	2,489
14	Information technology	328.	244.	0.	84
15	Royalties				
16	Occupancy	54,654.	48,405.	3,529.	2,720
17	Travel	13,608.	12,297.	1,251.	60
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,586.	14,098.	1,659.	829
23 24		1,538.	1,327.	143.	68
á	NEWSLETTER	1,277.	1,050.	0.	227
ı	REGISTRATION FEES	421.	75.	96.	250
(BANK FEES	2,697.	294.	2,403.	0
(EQUIPMENT RENTAL	9,703.	8,278.	950.	475
	REPAIRS/MAINTENANCE	68.	0.	68.	0
1	All other expenses	7,332.	4,536.	2,796.	0
25	Total functional expenses. Add lines 1 through 24f	622,045.	533,507.	69,228.	19,310
26	Joint costs. Check here □ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

		(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing	51,363.	1	79,142.
2	Savings and temporary cash investments	95,884.	2	86,058.
3	Pledges and grants receivable, net	· -··	3	
4	Accounts receivable, net	19,449.	4	14,192
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))			
<u> </u>	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7 S E 8 T S	Notes and loans receivable, net		7	
Ĕ 8	Inventories for sale or use	65,630.	_8	68,519
ṡ	Prepaid expenses and deferred charges		9	792
10:	a Land, buildings, and equipment cost or other basis 10a 86,650. Complete Part VI of Schedule D			
1 .	b Less accumulated depreciation 10b 46,988.	63,662.	10 c	39,662
11			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	2,120.	15	6,538
16	Total assets. Add lines 1 through 15 (must equal line 34)	298,108.	16	294,903
17	Accounts payable and accrued expenses	1,287.	17	3,481
18	Grants payable		18	•
19	Deferred revenue		19	
나 20	Tax-exempt bond liabilities .		20	
Å 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			
<u> </u>	of Schedule L		22	
E 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	302.	25	0
26	Total liabilities. Add lines 17 through 25	1,589.	26	3,481
N E T	Organizations that follow SFAS 117, check here ► X and complete lines			
Ť	27 through 29 and lines 33 and 34.			
A 27	Unrestricted net assets	296,519.	27	283,048
È 28	Temporarily restricted net assets	·	28	8,374.
Š 29	Permanently restricted net assets		29	
R	Organizations that do not follow SFAS 117, check here > and complete			
F,	lines 30 through 34.			
N 30	Capital stock or trust principal, or current funds		30	
<u>в</u> 31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ĉ 32	Retained earnings, endowment, accumulated income, or other funds		32	
ğ 33	Total net assets or fund balances.	296,519.	33	291,422
ই 34	Total liabilities and net assets/fund balances	298,108.	34	294,903.

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orm	1 990 (2009) MISSIONARIES OF OUR LADY OF DIVINE MERCY	20-4572642	Pa	age 12
Par	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
t	Were the organization's financial statements audited by an independent accountant?	2 b	Х	
C	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	1		
c	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we	re issued on a	-	

Both consolidated and separate basis

За

Х

BAA Form 990 (2009)

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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

consolidated basis, separate basis, or both

Separate basis

Consolidated basis

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name (of the	organization							Employer	identificat	tion number		
MIS	SI	ONARIES OF O	UR LADY OF DIV	VINE MERCY					20-45	72642	2		
Par	11	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ii	nstruct	ions	• •	
The c	rga	nization is not a priv	ate foundation becaus	se it is (For lines 1 through	gh 11, cl	neck onl	y one bo	ox)					
1	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).												
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	П	A hospital or coope	rative hospital service	organization described in	n sectio	n 170(b)	(1)(A)(ii	i).					
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's													
	_	name, city, and sta	te	·									
5		An organization open 170(b)(1)(A)(iv). (C	erated for the benefit of complete Part II)	of a college or university	owned o	r operat	ed by a	governr	nental u	nıt descr	ibed in sec	tion	
6	Ш			overnmental unit describ									
7	Ц	ın section 170(b)(1)	(Complete Pa	·		•	ernment	al unit d	or from t	he gener	ral public d	escribed	j
8	Ц	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II)							
9	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 See section 509(a)(2). (Complete Part III)												
10	Ш	An organization org	janized and operated (exclusively to test for pub	olic safet	y.See s	ection 5	509(a)(4).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a Type I b Type II c Type III Functionally integrated d Type III Other												
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f		If the organization is check this box	received a written dete	ermination from the IRS th	hat is a	Type I, T	Гуре II о	r Type I	III suppo	rting org	anızatıon,		
g			006, has the organizat	tion accepted any gift or	contribu	tion fron	n anv of	the foll	owina ne	ersons?			
•			000, nao ino organiza.	non acceptod any gift of	001111121		,		og p			Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to apported organization?	ogether v	with pers	sons des	cribed i	ın (ıı) an	d (III)	11g(i)		
		_	ber of a person desci	-							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		• •		ne supported organization								<u> </u>	
	(1) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	is the non in cold in your tring ment?	(v) Did y the organ col i your su	ızatıon in (i) of	(vi) II organizati (i) organiz U S	on in col	(vii) Amour	it of Supp	ort
					Yes	No	Yes	No	Yes	No			
		<u> </u>											
												<u> </u>	
					į								
					<u> </u>	<u> </u>							
					-								
Total													

Sche	., dule A (Form 990 or 990-EZ) 2009	9 MĪSSIONA	ARIES OF OUR	R LADY OF D	IVINE MERCY	20-457264	2 Page 2
Pai	t II Support Schedule for	_			(b)(1)(A)(iv) aı	nd 170(b)(1)(A)	(vi)
500	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)	_	<u> </u>	
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					: :	
4 5	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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		_				
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	structions)		•	12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3)) ▶ □
	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage from 2		•	e 11, column (f)		15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	1/3 % or more, che	ck this box ►
t	33-1/3 support test – 2008. If the and stop here. The organization				and line 15 is 33	-1/3% or more, che	eck this box
17 a	10%-facts-and-circumstances to or more, and if the organization r the organization meets the 'facts	meets the 'facts-a	and-circumstances	' test, check this t	oox and stop here	. Explain in Part IV	/ how
t	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a	ınd-cırcumstances	test, check this t	oox and stop here	. Explain in Part IV	

Schedule A (Form 990 or 990-EZ) 2009

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

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BAA

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

Sec	tion A. Public Support	iked the box on iii	ie 9 of Part ()	· 						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total		
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(4) 2003	86,665.	147,349.		643,33				
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt		80,003.	147,349.	355,206.	643,33	9.	1,232,559.		
3	Gross receipts from activities that are not an unrelated trade or business					-4,10	5.	-4,105.		
4	under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons		86,665.	147,349.	355,206.	639,23	14.	1,228,454.		
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year									
C	: Add lines 7a and 7b				_,					
8	Public support (Subtract line									
	7c from line 6)							1,228,454.		
	tion B. Total Support		3							
Cale	ndar year (or fiscal yr beginning in)			(e) 2009		(f) Total				
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		86,665.	147,349.	355,206.	639,23		1,228,454.		
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			116.	225.	18		529.		
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on			116.	225.	18	8.	529.		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				462.	1,97	4.	2,436.		
13 14	Total support. (add tns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	1,231,419. ► [X]		
Sec	tion C. Computation of Pul		Percentage							
15	Public support percentage for 200			13. column (f))			15	<u>%</u>		
-	Public support percentage from 2	<u> </u> -	16	%						
	tion D. Computation of Inv					1	· - 1			
17					n (fl)		17	%		
18										
	33-1/3 support tests - 2009. If th	e organization did	d not check the box	on line 14, and	line 15 is more tha	 an 33-1/3%, a		ine 17 is not		
Ь	more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
20	Private foundation. If the organiz	•	ū	•		•		.H		
Z11	Fire organization. If the organiz	ation did not chec	r a box on line 14	, 13a, 01 13D, CNE	CV 0112 DOX 9U0 SE	e iristructions	<u> </u>			

Ochicadae F	(OTH 550 OF 550-LZ) 2005 MISSIONARIES OF OUR HADI OF DIVINE MERCI 20-45/2042 Fage 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Other 1	Income Part III, Line 12
Descrip	otion: MISCELLANEOUS REVENUE
2008: 4	162.
2009: 1	L974.
	
	
	
-	
- -	
- -	
- -	
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions

Open to Public Inspection

OMB No 1545-0047

Employer Identification number

MIS	SSIONARIES OF OUR LADY OF DIV	INE MERCY	20-4572642
Par		r Advised Funds or Other Similar Fur	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		,,
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don funds are the organization's property, subject to	or advisors in writing that the assets held in dor to the organization's exclusive legal control?	nor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	s, and donor advisors in writing that grant funds he benefit of the donor or donor advisor or for a fit??	s may be ny other Yes No
Par	t II Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation of	of an historically important land area
	Protection of natural habitat	Preservation of	of certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in the	he form of a conservation easement on the
			Held at the End of the Year
a	Total number of conservation easements		2a
t	Total acreage restricted by conservation easer	ments	2b
C	: Number of conservation easements on a certif	ied historic structure included in (a)	2c
C	Number of conservation easements included in	n (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or terminate	ed by the organization during the tax
4	year ►	nservation easement is located	_
5	Does the organization have a written policy requand enforcement of the conservation easemen	garding the periodic monitoring, inspection, hand tit holds?	dling of violations,
6	Staff and volunteer hours devoted to monitorin during the year ►	g, inspecting, and enforcing conservation easen	ments
7	• •	specting, and enforcing conservation easements	\$
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	line 2(d) above satisfy the requirements of section	tion Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and of the organization's financial statements that de-	expense statement, and balance sheet, and scribes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1 a		SFAS 116, not to report in its revenue statement in exhibition, education, or research in furtherant that describes these items	
b	treasures, or other similar assets held for publiamounts relating to these items	SFAS 116, to report in its revenue statement ar ic exhibition, education, or research in furtheran	
	(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 ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets fo 16 relating to these items	r financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1	► \$
b	Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2009 MISS:				20-457			Page 2
Part III Organizations Mainta	ining Collectio	ns of Art, Histo	orical Treasures, or	r Other Similar Ass	sets (co	<u>ntınue</u>	<u> :a)</u>
3 Using the organization's acquisiti items (check all that apply)	on accession and o	other records, check	k any of the following that	at are a significant use	of its colle	ection	
a Public exhibition		d Loan (or exchange programs				
b Scholarly research		e 🗌 Other					
c Preservation for future gener	ations						
4 Provide a description of the organ Part XIV	nızatıon's collection	is and explain how	they further the organization	ation's exempt purpose	ın		
5 During the year, did the organiza assets to be sold to raise funds r.	ather than to be ma	aintained as part of	the organization's colle	ction?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	al Arrangement ount on Form 99	s Complete if o 30, Part X, line	irganization answer 21.	red 'Yes' to Form 9	90, Par	t IV, lı	ne
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, or o	other intermediary f	for contributions or other	r assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and coi	mplete the following	g table				
					Amount		
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				1e			
f Ending balance				1f			
2a Did the organization include an a	mount on Form 990), Part X, line 21?			Yes	L	No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Co	mplete if organ	ization answer	ed 'Yes' to Form 99	00, Part IV, line 10			
	(a) Current year	(b) Prior year	r (c) Two years back	(d) Three years back	(e) Fo	our years	back
1a Beginning of year balance							
b Contributions							
c Net Investment earnings, gains, and losses							
d Grants or scholarships							
 Other expenditures for facilities and programs 							,
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the year end ba	alance held as:					
a Board designated or quasi-endow	vment ►	%					
b Permanent endowment ►	*						
c Term endowment ►	*						
3a Are there endowment funds not in organization by	n the possession of	the organization th	nat are held and adminis	stered for the	Г	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ıı), are the related o	rnanizations listed	as required on Sch	redule R2		3b	$\neg \uparrow$	
4 Describe in Part XIV the intended	_	•					
Part VI Investments-Land, B				line 10	-		
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Bo	ook Val	ue
1a Land		,					
b Buildings							
c Leasehold improvements			7,974.	2,309.		5 -	665.
d Equipment			63,923.	38,535.			388.
• Other	 		14 753	6 144			500

BAA

Schedule **D** (Form 990) 2009

39,662.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule [O (Form 990) 2009 MISSIONARIES OF	OUR LADY OF DIVI	NE MERCY	20-4572642	Page 3
Part VII	Investments-Other Securities See	Form 990, Part X, line	e 12.		
	(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation or end-of-year market value	
Financial c	derivatives				
Closely-he	eld equity interests				<u></u>
Other		_			
_`		-			
		-			
		· - 			
Total (Calu	mn (b) must equal Form 990 Part X, col. (B) line 12) ►				
	Investments—Program Related (Se	e Form 990 Part X Ju	ne 13)		
1 art viii	(a) Description of investment type	(b) Book value		(c) Method of valuation	
	(a) Description of investment type	(b) Book value	Cost	or end-of-year market value	
	<u>. </u>				
			-, -		
					
Part IX	nn (b) must equal Form 990, Part X, Col (B) line 13) Other Assets (See Form 990, Part X)	Y line 15)			
I alt ix		Description		(b) Book	value
SECURI	TY DEPOSIT	Description			6,538.
					0,000.
			···		•
			· · · · · · · · · · · · · · · · · · ·		
	lumn (b) must equal Form 990, Part X, col (B),		<u> </u>	•	6,538.
Part X	Other Liabilities (See Form 990, Pa			<u> </u>	
	(a) Description of Liability	(b) Amount			
	come Taxes				
BENEFI	TS PAYMENT		<u> </u>		
			_		
			 		
			-		
			\dashv		
			_		
	·				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)		<u>.</u>		
	Footnote. In Part XIV, provide the text of the foo			that reports the organization's I	iability
for uncerta	in tax positions under FIN 48.	sale to the organization of			

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	4372642 Fage 4
1 Total revenue (Form 990, Part VIII, column (A), line 12)	641,396.
2 Total expenses (Form 990, Part IX, column (A), line 25)	622,045.
3 Excess or (deficit) for the year Subtract line 2 from line 1	19,351.
Net unrealized gains (losses) on investments	15/552.
5 Donated services and use of facilities	-10,331.
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	-10,331.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9,020.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn
1 Total revenue, gains, and other support per audited financial statements	1 641,396.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3 641,396.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 641,396.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	
1 Total expenses and losses per audited financial statements	1 632,376.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2 10,331.	
b Prior year adjustments 2b	
c Other losses d Other (Describe in Part XIV) 2d	
d Other (Describe in Part XIV) e Add lines 2a through 2d	2e 10,331.
3 Subtract line 2e from line 1	3 622,045.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	J 022,043.
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5 622,045.
Part XIV Supplemental Information	
line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to information	
BAA TEEA3304 02/02/10 S	Schedule D (Form 990) 2009

ochequie D	(TOTTI 990) 2009 MISSIONAR	TES OF OOK THE	OF DIVINE	MERCI	20-45/2042	raye J
Part XIV	Supplemental Information	(continued)			•	
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990. ► See separate instructions.

Open to Public

				1	mapecuon
Name of the organization	-			Employer identi	fication number
MISSIONARIES OF OUR	LADY OF DI	VINE MERCY		20-45726	42
	ion on Activiti		e United States. Complet		
For grantmakers. Does the grantees' eligibility for the g	organization mail grants or assistant	ntain records to si ce, and the selecti	ubstantiate the amount of the grion criteria used to award the gr	rants or assistance, the rants or assistance?	Yes No
2 For grantmakers. Describe	ın Part IV the org	anızatıon's proced	dures for monitoring the use of	grant funds outside the	United States
3 Activities per Region (Use	Schedule F-1 (For	rm 990) if addition	nal space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
	·				
		,			
 :					
					
rotals ►					

(f) Method of valuation (book, FMV, appraisal, other) Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. (h) Description of non-cash assistance 20-4572642 (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant MISSIONARIES OF OUR LADY OF DIVINE MERCY (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) 2009 Part II

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

Page 3 20-4572642

MISSIONARIES OF OUR LADY OF DIVINE MERCY Schedule F (Form 990) 2009

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

(h) Method ssistance of valuation (book, FMV, appraisal, other)	, FOOD FMV	TENTS FMV									Schedule F (Form 990) 2009
(g) Description of non-cash assistance	CLOTHING,			_							
(f) Amount of non-cash assistance	5,453.	19,862. FOOD,									
(e) Manner of cash disbursement		1,080. CASH GIVEN									
(d) Amount of cash grant		1,080.									
(c) Number of recipients	25	100									
(b) Region	Sub-Saharan Africa 25	Central America 100									
(a) Type of grant or assistance	FOOD, SUPPLIES	CASH, FOOD, SHELTER									ВАА

Schedule -	(Form 990) 2009 MISSIONARIES OF OUR LADI OF DIVINE MERCI	20-45/2642	Page 4
Part IV	Supplemental Information		
	Complete this part to provide the information required in Part I, line 2, and any additional info	rmation.	
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			 .

SCHEDULE I

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

2009

ž U

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

General Information on Grants and Assistance OF OUR LADY OF DIVINE MERCY

MISSIONARIES

Part

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number 20-4572642 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	nce to Governme	eceived more th	izations in the Unit	ed States. Completins box if no one r	te if the organizat ecipient received	ion answered 'Ye more than \$5,00	ss' to Form 0. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	Form 990) if addi	tional space is i	needed				•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					:		2
					ļ		
2 Enter total number of section 501(c)(3) and government organizations	3) and government org	yanızatıons				•	
3 Enter total number of other organizations	ons					A	

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THE ORGANIZATION PROVIDES FREE CLOTHING, FOOD, AND HOUSEHOLD ITEMS TO FAMILIES IN NEED. CLOTHING, FOOD 20-4572642 (e) Method of valuation (book, FMV, appraisal, other) 259,988. FMV (d) Amount of non-cash assistance MISSIONARIES OF OUR LADY OF DIVINE MERCY 18,655. (c) Amount of cash grant 300 (b) Number of recipients CLOTHING, FOOD, FINANCIAL (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I Line 2 Part III

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Schedule I (Form 990) 2009

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047 2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MISSIONARIES OF OUR LADY OF DIVINE MERCY

Employer identification number

20-4572642 Part I Types of Property (a) (b) (c) (d) Check if Number of Revenues reported Method of determining applicable Contributions on Form 990, revenues Part VIII, line 1g 1 Art-Works of art Art-Historical treasures 3 Art-Fractional interests 4 Books and publications Clothing and household goods X 172,460. THRIFT SHOP VALUE Cars and other vehicles 7 Boats and planes 8 Intellectual property Securities-Publicly traded 10 Securities-Closely held stock Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution— Historic structures 14 Qualified conservation contribution—Other Real estate-Residential Real estate-Commercial 16 17 Real estate-Other 18 Collectibles 19 Food inventory 300 103,470. FMV 20 Drugs and medical supplies Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 26 Other > 27 Other ▶ Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a X b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a noncash contributions? X

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33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

b If 'Yes,' describe in Part II

describe in Part II

Schedule M (Form 990) 2009

scripting in (Form 990) 2009 MISSIONARIES OF OUR LADI OF DIVINE MERCI	20-45/2642 Page 2
Part II Supplemental Information. Complete this part to provide the information required and 33. Also complete this part for any additional information.	by Part I, lines 30b, 32b,
and 33. Also complete this part for any additional information.	
	·

TEEA4602 07/21/09

Schedule M (Form 990) 2009

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SCHEDULE O

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization Employer identification number MISSIONARIES OF OUR LADY OF DIVINE MERCY 20-4572642 Pt_VI-A, Line 2 KELLIE ROSS, CEO, AND SCOTT ROSS, SECRETARY, ARE RELATED BY MARRIAGE. Pt_VI-B, Line 11A THE ORGANIZATION PROVIDES A DRAFT OF THE FEDERAL 990 TO THE BOARD PRIOR TO FILING. UPON APPROVAL, THE 990 IS SIGNED AND FILED WITH THE IRS. Pt_VI-B, Line 12c ALL OFFICERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS MUST SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AND DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST. Pt_VI-B, Line 15 COMPENSATION OF EMPLOYEES IS DETERMINED BY A COMMITTEE OF THE BOARD. Pt_VI-C, Line 19 THE ORGANIZATION MAKES COPIES OF THE 990 AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.