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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
MERCY MINISTRIES OF AMERICA INC

Doing Business As

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

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

D Employer identification number
72-0973419

E Telephone number
(615)831-6987

G Gross receipts $ 8,891,586

F Name and address of principal officer
CHRISTY SINGLETON
15328 OLD HICKORY BLVD
NASHVILLE,TN 37211

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MERCYMINISTRIES COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1983 | **M** State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SINCE 1983, THE MINISTRY'SFREE-OF-CHARGE, VOLUNTARY CHRISTIAN RESIDENTIAL PROGRAMHAS SERVED A DIVERSE POPULATION OF YOUNG WOMEN FROM VARIOUS SOCIO-ECONOMIC BACKGROUNDS, AGES 13-28, WHO HAVE BEEN PHYSICALLY AND SEXUALLY ABUSED, INCLUDING VICTIMS OF SEX TRAFFICKING AS WELL AS THOSE WHO FACE LIFE-CONTROLLING ISSUESSUCH AS EATING DISORDERS, SELF-HARM, DRUG AND ALCOHOL ADDICTIONS, DEPRESSION AND UNPLANNED PREGNANCY THE MINISTRY HAS RESIDENTIAL HOMES IN MONROE, LA, NASHVILLE, TN, ST LOUIS, MO, AND SACRAMENTO, CA THE PROGRAM IS VOLUNTARY, LASTS APPROXIMATELY SIX MONTHS, AND INCLUDES BIBLICALLY-BASED COUNSELING, NUTRITION AND FITNESS EDUCATION, AND LIFE-SKILLS TRAINING SUCH AS BUDGETING, SETTING BOUNDARIES, AND PREPARATION FOR PARENTING OR PLACEMENT IF THEY ARE PREGNANT IN ADDITION TO ITS RESIDENTIAL PROGRAM, THE MINISTRY REACHES OUT TO YOUNG WOMEN THROUGH SPEAKING ENGAGEMENTS AND EDUCATIONAL RESOURCE PUBLICATIONS THESE INITIATIVES BRING AWARENESS TO LIFE-CONTROLLING ISSUES AND PRESENT TH

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	147
6	Total number of volunteers (estimate if necessary)	**6**	350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,949,174	8,652,844
9	Program service revenue (Part VIII, line 2g)	6,025	7,775
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-117	105
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-69,236	-149,414
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,885,846	8,511,310
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	496,269	554,982
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,954,314	4,847,298
16a	Professional fundraising fees (Part IX, column (A), line 11e)		30,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶463,521		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,233,657	3,255,727
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,684,240	8,688,007
19	Revenue less expenses Subtract line 18 from line 12	-798,394	-176,697

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	9,935,982	9,416,659
21	Total liabilities (Part X, line 26)	2,501,571	2,158,945
22	Net assets or fund balances Subtract line 21 from line 20	7,434,411	7,257,714

Part II Signature Block

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

Sign Here

****** | 2012-07-06
Signature of officer | Date

CHRISTY SINGLETON EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
CAROL S CRICK CPA	2012-07-12	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4
BLANKENSHIP CPA GROUP PLLC
109 WESTPARK DRIVE SUITE 430
BRENTWOOD, TN 370275032

EIN ▶

Phone no ▶ (615) 373-3771

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SINCE 1983, THE MINISTRY'SFREE-OF-CHARGE, VOLUNTARY CHRISTIAN RESIDENTIAL PROGRAMHAS SERVED A DIVERSE POPULATION OF YOUNG WOMEN FROM VARIOUS SOCIO-ECONOMIC BACKGROUNDS, AGES 13-28, WHO HAVE BEEN PHYSICALLY AND SEXUALLY ABUSED, INCLUDING VICTIMS OF SEX TRAFFICKING AS WELL AS THOSE WHO FACE LIFE-CONTROLLING ISSUESSUCH AS EATING DISORDERS, SELF-HARM, DRUG AND ALCOHOL ADDICTIONS, DEPRESSION AND UNPLANNED PREGNANCY THE MINISTRY HAS RESIDENTIAL HOMES IN MONROE, LA, NASHVILLE, TN, ST LOUIS, MO, AND SACRAMENTO, CA THE PROGRAM IS VOLUNTARY, LASTS APPROXIMATELY SIX MONTHS, AND INCLUDES BIBLICALLY-BASED COUNSELING, NUTRITION AND FITNESS EDUCATION, AND LIFE-SKILLS TRAINING SUCH AS BUDGETING, SETTING BOUNDARIES, AND PREPARATION FOR PARENTING OR PLACEMENT IF THEY ARE PREGNANT IN ADDITION TO ITS RESIDENTIAL PROGRAM, THE MINISTRY REACHES OUT TO YOUNG WOMEN THROUGH SPEAKING ENGAGEMENTS AND EDUCATIONAL RESOURCE PUBLICATIONS THESE INITIATIVES BRING AWARENESS TO LIFE-CONTROLLING ISSUES AND PRESENT TH

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 5,766,368 including grants of $) (Revenue $)

SINCE 1983, MERCY MINISTRIES OF AMERICA INC (THE "MINISTRY") HAS PROVIDED A FREE-OF-CHARGE, VOLUNTARY CHRISTIAN RESIDENTIAL PROGRAM TO YOUNG WOMEN AGES 13-28 FROM A VARIETY OF SOCIOECONOMIC BACKGROUNDS WHOSE LIVES ARE IN CRISIS THIS INCLUDES WOMEN WHO HAVE BEEN VICTIMS OF PHYSICAL AND SEXUAL ABUSE, INCLUDING SEX TRAFFICKING, AS WELL AS THOSE WHO FACE LIFE-CONTROLLING ISSUES SUCH AS EATING DISORDERS, SELF-HARM, DRUG AND ALCOHOL ADDICTIONS, DEPRESSION AND UNPLANNED PREGNANCY THE MINISTRY MAINTAINS RESIDENTIAL HOMES IN MONROE, LA, NASHVILLE, TN, ST LOUIS, MO, AND SACRAMENTO, CA THE PROGRAM LASTS APPROXIMATELY SIX MONTHS AND INCLUDES BIBLICALLY BASED COUNSELING, LIFE-SKILLS TRAINING, NUTRITION EDUCATION AND FITNESS INSTRUCTION SEE SCHEDULE O AT 2011 YEAR END, THERE WERE 495 YOUNG WOMEN IN THE APPLICATION PROCESS

4b (Code) (Expenses $ 594,954 including grants of $) (Revenue $)

THE MINISTRY INVESTED IN EXPANDING ITS REACH OUTSIDE ITS EXISTING LOCATIONS BY BUILDING NEW HOMES AND BY AUGMENTING ITS RESIDENTIAL SERVICES WITH OUTREACH INITIATIVES, WHICH INCLUDE SPEAKING ENGAGEMENTS AND EDUCATIONAL RESOURCE PUBLICATIONS OUTREACH AND NEW HOME EXPANSION ARE STRATEGIC OPPORTUNITIES TO STRENGTHEN AS WELL AS BROADEN THE MINISTRY'S MISSION OUTREACH INITIATIVES BRING AWARENESS TO LIFE-CONTROLLING ISSUES AND PRESENT THE MINISTRY'S BIBLICALLY BASED METHOD OF OVERCOMING THESE ISSUES RESOURCES INCLUDE THE MINISTRY'S WEBSITE, ISSUE-BASED BOOKS, TEACHING MATERIALS, AND RADIO PROGRAMMING FOR PASTORS, PARENTS AND THE GENERAL PUBLIC

4c (Code) (Expenses $ 554,984 including grants of $ 554,984) (Revenue $)

THE MINISTRY PROVIDES OUTREACH THROUGH OTHER MINISTRIES BY INVESTING IN OTHER MINISTRY PROGRAMS BY GIVING A PORTION OF ITS RECEIPTS AS ASSISTANCE TO HELP GROUPS OR INDIVIDUALS THAT ARE INVOLVED IN OR DO WORK THAT IS ALIGNED WITH THE MINISTRYS MISSION THE MINISTRY BELIEVES THAT IT IS CALLED TO FOLLOW THE BIBLICAL PRINCIPLE OF TITHING AND GIVES 10% OF NON-RESTRICTED RECEIPTS IN 2011, 364,980 WAS GIVEN TO ASSIST OTHER MINISTRIES AND INDIVIDUALS AND 121,715 IN RESOURCES WERE GIVEN AWAY TO FURTHER THE MISSION OF SPREADING GODS UNCONDITIONAL LOVE, FORGIVENESS, AND LIFE-TRANSFORMING POWER

(Code) (Expenses $ 581,684 including grants of $) (Revenue $)

IN 2008, THE MINISTRY ENTERED INTO A MINISTRY COLLABORATION AGREEMENT (MCA) WITH MERCY MINISTRIES, INTERNATIONAL (MMI) THEREBY AGREEING TO ADHERE TO THE STANDARDS OF OPERATIONS, GOVERNANCE, STRUCTURE AND COMMITMENTS AS DEFINED IN THE MCA AS PROVIDED FOR IN THE MCA, THE MINISTRY MAY, WITH EXPRESS APPROVAL OF THE BOARD OF DIRECTORS, MAKE DONATIONS OR PROVIDE FUNDS TO MMI AS THE MINISTRY DEEMS APPROPRIATE TO SUPPORT ITS EFFORTS TO ACCOMPLISH THE GOALS OF THE MINISTRY AROUND THE WORLD THE TOTAL FUNDS CONTRIBUTED TO MERCY MINISTRIES INTERNATIONAL, INC FOR 2011 WERE 399,509

4d Other program services (Describe in Schedule O)

(Expenses $ 581,684 including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 7,497,990

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction 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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	105		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	147		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, 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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL , AK , AZ , AR , CA , CT , DC , FL , GA , HI , IL , KS , KY , LA , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI

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

☑ Own website ☐ Another's website ☑ Upon request

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

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

LEAH HAYES
15328 OLD HICKORY BLVD
NASHVILLE,TN 37211
(615)831-6987

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY ALCORN DIRECTOR/V C	2 50	X						0	246,540	0
(2) CHRISTY SINGLETON EXECUTIVE DI	60 00	X						98,439	0	0
(3) KATHY CAMPBELL DIRECTOR	2 50	X						0	0	0
(4) SAM CARR DIRECTOR	2 50	X						0	0	0
(5) JOE COOK JR DIRECTOR	2 50	X						0	0	0
(6) STEVEN PRUETT PRESIDENT/BD	5 00	X		X				0	0	0
(7) SUSAN CORDELL DIRECTOR	2 50	X						0	0	0
(8) LYNN MORROW DIRECTOR	2 50	X						0	0	0
(9) MATTHEW RETTICH DIRECTOR	2 50	X						0	0	0
(10) SUE OSBORN DIRECTOR	2 50	X						0	0	0
(11) LEAH HAYES SECRETARY	50 00			X				62,708	0	0
(12) AMANDA MITCHELL TREASURER	40 00			X				41,912	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								203,059	246,540	

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 852,707				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 7,800,137				
	g	Noncash contributions included in lines 1a-1f $ 192,906				
	h	**Total.** Add lines 1a-1f . . . . . ▶	8,652,844			
Program Service Revenue		Business Code				
	2a	ADOPTION APPLICATION FEES	4,450	4,450		
	b	WORKSHOP FEES	3,325	3,325		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	7,775			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2			2
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 3,158				
	b	Less cost or other basis and sales expenses: 3,055				
	c	Gain or (loss): 103				
	d	Net gain or (loss) . . . . . ▶	103	103		
Other Revenue	8a	Gross income from fundraising events (not including $ 852,707 of contributions reported on line 1c) See Part IV, line 18 . . . a 108,037				
	b	Less direct expenses . . . b 280,953				
	c	Net income or (loss) from fundraising events . . ▶	-172,916			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a 118,816				
	b	Less cost of goods sold . . b 96,268				
	c	Net income or (loss) from sales of inventory . . ▶	22,548	22,548		
		Miscellaneous Revenue / Business Code				
	11a	OTHER MISCELLANEOUS	954	954		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	954			
	12	**Total revenue.** See Instructions . . . ▶	8,511,310	31,380		2

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	364,679	364,679		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	190,303	190,303		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	203,059	81,662	96,788	24,609
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,923,210	3,487,148	178,847	257,215
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	381,593	330,040	25,490	26,063
10	Payroll taxes	339,436	293,579	22,674	23,183
11	Fees for services (non-employees)				
a	Management				
b	Legal	12,419	2,409	9,190	820
c	Accounting	41,314	8,015	30,572	2,727
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*	30,000			30,000
f	Investment management fees				
g	Other	113,573	14,438	86,966	12,169
12	Advertising and promotion	295,443	288,196		7,247
13	Office expenses	114,612	92,121	8,535	13,956
14	Information technology	114,206	98,777	7,629	7,800
15	Royalties				
16	Occupancy	263,483	236,612	14,339	12,532
17	Travel	195,624	161,341	19,563	14,720
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	110,793		110,793	
21	Payments to affiliates	399,509	399,509		
22	Depreciation, depletion, and amortization	404,175	371,194	16,410	16,571
23	Insurance	149,386	129,204	9,979	10,203
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ROOM AND BOARD FOR HOMES	566,950	566,950		
b	HONORARIUMS	278,450	278,450		
c	REPAIRS AND MAINTENANCE	97,077	89,456	5,485	2,136
d	CONTRIBUTION PROCESSING C	48,137		48,137	
e					
f	All other expenses	50,576	13,907	35,099	1,570
25	**Total functional expenses.** Add lines 1 through 24f	8,688,007	7,497,990	726,496	463,521
26	**Joint costs.** Check here ▶ ☑ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	576,392	288,196		288,196

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		149,196	1	191,151
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,900	3	2,475
	4	Accounts receivable, net		144,485	4	128,427
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		280,013	8	163,925
	9	Prepaid expenses and deferred charges		125,655	9	47,954
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 13,155,256			
	b	Less accumulated depreciation	10b 4,295,450	9,173,462	10c	8,859,806
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		3,040	12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		57,231	15	22,921
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,935,982	16	9,416,659
Liabilities	17	Accounts payable and accrued expenses		206,028	17	248,376
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,875,000	23	1,872,457
	24	Unsecured notes and loans payable to unrelated third parties		420,543	24	38,112
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,501,571	26	2,158,945
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,430,018	27	7,242,989
	28	Temporarily restricted net assets		4,393	28	14,725
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,434,411	33	7,257,714
	34	Total liabilities and net assets/fund balances		9,935,982	34	9,416,659

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	8,511,310
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,688,007
3	Revenue less expenses Subtract line 2 from line 1	3	-176,697
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	7,434,411
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,257,714

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

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

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

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

9 ☐ An organization that normally receives (1) more than 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 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,606,210	7,755,375	8,550,100	7,949,174	8,652,843	39,513,702
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,606,210	7,755,375	8,550,100	7,949,174	8,652,843	39,513,702
5 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)						1,324,302
6 **Public Support.** Subtract line 5 from line 4						38,189,400

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,606,210	7,755,375	8,550,100	7,949,174	8,652,843	39,513,702
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,949	2,689	2,420	2	2	22,062
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	185,002	340,859	193,057	189,665	235,582	1,144,165
11 **Total support** (Add lines 7 through 10)						40,679,929

12	Gross receipts from related activities, etc (See instructions)	12	1,144,165

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	93 880 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	86 930 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 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)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,003,323	2,095,805		4,099,128
b Buildings		6,406,918	2,231,271	4,175,647
c Leasehold improvements				
d Equipment		2,287,782	1,779,931	507,851
e Other		361,428	284,248	77,180
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				8,859,806

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

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

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,511,310
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,688,007
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-176,697
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-176,697

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

1	Total revenue, gains, and other support per audited financial statements			1	8,915,370
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	26,839		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	377,221		
e	Add lines **2a** through **2d**			2e	404,060
3	Subtract line **2e** from line **1**			3	8,511,310
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,511,310

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

1	Total expenses and losses per audited financial statements			1	9,092,067
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	26,839		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	377,221		
e	Add lines **2a** through **2d**			2e	404,060
3	Subtract line **2e** from line **1**			3	8,688,007
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,688,007

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DIRECT EXPENSES OF FUNDRAISING EVENTS (SEE PART VIII,L 8B) 280,953 COST OF GOODS SOLD ON INVENTORY (SEE PART VIII, L 10B) 96,268 DIRECT EXPENSES OF FUNDRAISING EVENTS (SEE PART VIII,L 8B) -280,953 COST OF GOODS SOLD ON INVENTORY (SEE PART VIII, L 10B) -96,268
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT EXPENSES OF FUNDRAISING EVENTS (SEE PART VIII,L 8B) 280,953 COST OF GOODS SOLD ON INVENTORY (SEE PART VIII, L 10B) 96,268
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	DIRECT EXPENSES OF FUNDRAISING EVENTS (SEE PART VIII,L 8B) 280,953 COST OF GOODS SOLD ON INVENTORY (SEE PART VIII, L 10B) 96,268

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

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

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

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 for region/investments in region
SUB-SAHARAN AFRICA			PROGRAM EXPENSE	ASSIST TO ORPHANS	76,699
3a Sub-total					76,699
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					76,699

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

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

2 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 . . . . . ▶

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☐ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
		SUB-SAHARAN AFRICA 76,699 0
ADDITIONAL INFORMATION	SCHEDULE F, PAGE 5, PART V	THE MINISTRY STAFF MEMBERS LED A TEAM OF 16 GRADUATES TO ASSIST WATOTO MINISTRIES IN UGANDA WATOTO CHILD MINISTRY, INC IS A U S BASED 501(C)(3) ORGANIZATION THAT PROVIDES A HOLISTIC HOME ENVIRONMENT AS WELL AS QUALITY EDUCATION FOR ORPHANED CHILDREN AND WOMEN IN AFRICA THE MINISTRY PARTICIPATED IN THIS EFFORT WITH FINANCIAL SUPPORT FOR BUILDING A SET OF FOUR NEW CLASSROOMS AND FOR SENDING A TEAM FOR CONSTRUCTION AND MINISTRY TO THE CHILDREN

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
THE PURSUANT GROUP INC 5151 BELT LINE ROAD SUITE 900 DALLAS, TX 75254	FUNDRAISNG		No		30,000	-30,000
Total . . . . . ▶					30,000	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

All States

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MM CHRISTMAS BE (event type)	(b) Event #2 OTHER FUNDRAISI (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	415,993	332,569	212,182	960,744
	2 Less Charitable contributions	384,043	313,486	155,178	852,707
	3 Gross income (line 1 minus line 2)	31,950	19,083	57,004	108,037
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes		1,075	2,405	3,480
	6 Rent/facility costs	31,151	2,250	2,963	36,364
	7 Food and beverages	24,029	29,065	573	53,667
	8 Entertainment	300	200	221	721
	9 Other direct expenses	96,073	35,542	55,106	186,721
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(280,953)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-172,916

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	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 ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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 Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) CALVARY CHAPEL215 WARD CIRCLE SUITE 200 BRENTWOOD,TN 37027	26-0018764	501	11,000				MINISTRY SUPPORT
(2) CAPITAL CHRISTIAN CENTER9470 MICRON AVENUE SACRAMENTO,CA 95827	94-6001666	501	10,000				MINISTRY SUPPORT
(3) SEEDS OF GREATNESS PO BOX 756 NEW CASTLE,DE 19720	51-0398001	501	16,500				MINISTRY SUPPORT
(4) CHRIST CHURCH15354 OLD HICKORY BLVD NASHVILLE,TN 37211	62-1068235	501	12,750				MINISTRY SUPPORT
(5) GLOBAL NETWORK OF CHRISTIAN MINISTRPO BOX 38 WATSONTOWN,PA 17777	62-1414100		7,000				MINISTRY SUPPORT
(6) JAMES RIVER ASSEMBLY610 NORTH 19TH STREET OZARK,MO 65721	43-1564676	501	49,200				MINISTRY SUPPORT
(7) JOYCE MEYER MINISTRIESPO BOX 655 FENTON,MO 63026	43-1382734	501	40,000				MINISTRY SUPPORT
(8) OASIS CHRISTIAN CENTER5100 WILSHIRE BLVD LOS ANGELES,CA 90036	95-3895895	501	11,000				MINISTRY SUPPORT
(9) CHRISTIAN INTERNATIONALPO BOX 9000 SANTA ROSA BEACH,FL 32459	59-3096327	501	64,000				MINISTRY SUPPORT
(10) SHARING THE VISION 115 PENN WARREN DRIVE BRENTWOOD,TN 37027	62-1622396	501	28,000				MINISTRY SUPPORT
(11) WORD OF LIFE CHRISTIAN CENTER100 DERBY PARKWAY BIRMINGHAM,AL 35210	63-0843092	501	10,000				MINISTRY SUPPORT
(12) FSU GIRLS B'BALL CAMP520 W MADISON STREET TALLAHASSEE,FL 32302	59-3497108		10,000				UNDRPRVLGD CAMP SPT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 10

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) GRADUATE SUPPORT	51	38,714			
(2) GIFT OF RESOURCES (BOOKS)	56000		121,715	BOOK	BOOKS
(3) OTHER INDIV SUPPORT	44	29,874			

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	IN CONFORMING WITH THE MINISTRY'S MISSION, A PORTION OF RECEIPTS IS GIVEN DIRECTLY TO OTHER MINISTRIES GRADUATE SUPPORT INCLUDES ASSISTANCE TO GRADUATES OF THE PROGRAM IN TIMES OF NEED, RECOGNITION AND GIFTS WHEN SIGNIFICANT PERSONAL ACHIEVEMENTS HAVE BEEN MADE, AND SUPPORT FOR MISSIONS AND OTHER OUTREACH PROGRAMS THAT GRADUATES EITHER DIRECTLY PARTICIPATE IN OR SUPPORT THE ORGANIZATION SEEKS TO REMAIN SUPPORTIVE OF GRADUATES IN A CONCERTED EFFORT TO ENCOURAGE PROGRAM PARTICIPANTS TO REMAIN FOCUSED ON THEIR SELF-WORTH AND REACHING THEIR FULL POTENTIAL OTHER INDIVIDUAL SUPPORT INCLUDES PROVIDING ASSISTANCE TO HELP INDIVIDUALS WHO ARE INVOLVED IN OR PERFORM WORK THAT IS ALIGNED WITH THE MINISTRY'S MISSION OFTENTIMES, THIS SUPPORT IS IN THE FORM OF GIFT CARDS AND TEACHING RESOURCES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0973419
Name: MERCY MINISTRIES OF AMERICA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CALVARY CHAPEL 215 WARD CIRCLE SUITE 200 BRENTWOOD,TN 37027	26-0018764	501	11,000				MINISTRY SUPPORT
CAPITAL CHRISTIAN CENTER9470 MICRON AVENUE SACRAMENTO,CA 95827	94-6001666	501	10,000				MINISTRY SUPPORT
SEEDS OF GREATNESSPO BOX 756 NEW CASTLE,DE 19720	51-0398001	501	16,500				MINISTRY SUPPORT
CHRIST CHURCH 15354 OLD HICKORY BLVD NASHVILLE,TN 37211	62-1068235	501	12,750				MINISTRY SUPPORT
GLOBAL NETWORK OF CHRISTIAN MINISTRPO BOX 38 WATSONTOWN,PA 17777	62-1414100		7,000				MINISTRY SUPPORT
JAMES RIVER ASSEMBLY610 NORTH 19TH STREET OZARK,MO 65721	43-1564676	501	49,200				MINISTRY SUPPORT
JOYCE MEYER MINISTRIESPO BOX 655 FENTON,MO 63026	43-1382734	501	40,000				MINISTRY SUPPORT
OASIS CHRISTIAN CENTER5100 WILSHIRE BLVD LOS ANGELES,CA 90036	95-3895895	501	11,000				MINISTRY SUPPORT
CHRISTIAN INTERNATIONALPO BOX 9000 SANTA ROSA BEACH, FL 32459	59-3096327	501	64,000				MINISTRY SUPPORT
SHARING THE VISION115 PENN WARREN DRIVE BRENTWOOD,TN 37027	62-1622396	501	28,000				MINISTRY SUPPORT
WORD OF LIFE CHRISTIAN CENTER 100 DERBY PARKWAY BIRMINGHAM,AL 35210	63-0843092	501	10,000				MINISTRY SUPPORT
FSU GIRLS B'BALL CAMP520 W MADISON STREET TALLAHASSEE,FL 32302	59-3497108		10,000				UNDRPRVLGD CAMP SPT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NANCY ALCORN	(i) (ii)	202,215		44,325			246,540	

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	FIRST CLASS TRAVEL UPGRADES ARE PROVIDED FOR CROSS COUNTRY TRAVEL FOR THE DIRECTOR AND VICE CHAIRMAN, USING FREQUENT FLYER MILES EARNED
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	SCHEDULE J, PART I, LINE 3 THE ENTIRE BOARD OF DIRECTORS LESS THE AFFECTED INDIVIDUAL SERVES AS THE COMPENSATION COMMITTEE SCHEDULE J, PART II, LINE 1 NANCY ALCORN IS COMPENSATED BY MERCY MINISTRIES INTERNATIONAL, INC (MMI), WHICH MAINTAINS A SEPARATE BOARD OF DIRECTORS AND ORGANIZATIONAL STRUCTURE NANCY ALCORN SERVES AS PRESIDENT AND FOUNDER OF THIS ORGANIZATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) DAVE MEYER	CONTRIBUTOR	250
(2) JOYCE MEYER	CONTRIBUTOR	500
(3) JOYCE MEYER MINISTRIES	CONTRIBUTOR	40,000
(4) SUSAN CORDELL	BOARD MEMBER	336
(5) DAWSON OSBORN	CHILD OF BOARD MBR	100
(6) LINDSEY CARR	CHILD OF BOARD MBR	5,000
(7) LAINEY CARR	CHILD OF BOARD MBR	500

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) REBECCA ANDERSON	SISTER-DIRECTOR	40,812	EMPLOYEECOMPENSATION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	ALL ITEMS THAT WERE PROVIDED TO INTERESTED PERSONS ARE REPORTED FOR FULL DISCLOSURE ALTHOUGH THE ORGANIZATION DOES NOT CONSIDER ANY OF THESE TRANSACTIONS TO BE OF AN EXCESS BENEFIT TO ANY INDIVIDUAL INVOLVED

Additional Data

Software ID:
Software Version:
EIN: 72-0973419
Name: MERCY MINISTRIES OF AMERICA INC

Form 990, Schedule L, Part III - Grants or Assistance Benefitting Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of grant or type of assistance
DAVE MEYER	CONTRIBUTOR	250
JOYCE MEYER	CONTRIBUTOR	500
JOYCE MEYER MINISTRIES	CONTRIBUTOR	40,000
SUSAN CORDELL	BOARD MEMBER	336
DAWSON OSBORN	CHILD OF BOARD MBR	100
LINDSEY CARR	CHILD OF BOARD MBR	5,000
LAINEY CARR	CHILD OF BOARD MBR	500

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		37,829	FAIR MARKET VALUE
6	Cars and other vehicles	X	1	3,000	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	61,020	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	400	21,788	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (OFFICE ITEMS)	X	10	1,527	FAIR MARKET VALUE
26	Other ▸ (AUCTION ITEMS)	X	130	67,742	FAIR MARKET VALUE
27	Other ▸ ( )				
28	Other ▸ ( )				

29 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?	30a		No
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	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	IDONATE IS AN ORGANIZATION THAT HELPS NONPROFIT GROUPS BY PROVIDING AN INTEGRATED SYSTEM FOR CONTACTS, CASH AND NONCASH GIVING, AND COMMUNICATION AND BY MAKING IT EASY TO ACCEPT AND CONVERT NONCASH DONATIONS THEY CAN PROVIDE A TURNKEY SOLUTION, INCLUDING GIFT PICKUP OR SHIPPING, SALE OF THE ITEM, TAX RECEIPTING, AND SENDING PROCEEDS TO THE NONPROFIT ORGANIZATION IDONATE'S GIFT MANAGEMENT SYSTEM (GMS) IS AN INTEGRATED SOFTWARE APPLICATION THAT PROVIDES CLIENT NONPROFITS WITH CUSTOMIZED WEB-BASED GIFT PAGES FOR TELLING THE ORGANIZATION'S STORY AND MAKING AN IMMEDIATE CALL TO ACTION FOR GIFTS OF TIME, TALENT, AND TREASURE GMS INCORPORATES EMAIL AND SOCIAL MARKETING FUNCTIONALITY AS WELL AS VIDEO-BASED STORYTELLING AND DONOR MANAGEMENT FUNCTIONALITY
SUPPLEMENTAL INFORMATION	SCHEDULE M, PAGE 2, PART II	OTHER NONCASH ITEMS CONTRIBUTED TO THE MINISTRY INCLUDE CERTAIN OFFICE SUPPLIES, OFFICE EQUIPMENT, AND NONCASH ITEMS DONATED FOR USE IN THE HOMES AND ADMINISTRATION OF THE HOMES ALL NONCASH ITEMS ARE USED BY THE MINISTRY IN CARRYING OUT ITS EXEMPT PURPOSE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493194009572

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	SINCE 1983, THE MINISTRY'SFREE-OF-CHARGE, VOLUNTARY CHRISTIAN RESIDENTIAL PROGRAMHAS SERVED A DIVERSE POPULATION OF YOUNG WOMEN FROM VARIOUS SOCIO-ECONOMIC BACKGROUNDS, AGES 13-28, WHO HAVE BEEN PHYSICALLY AND SEXUALLY ABUSED, INCLUDING VICTIMS OF SEX TRAFFICKING AS WELL AS THOSE WHO FACE LIFE-CONTROLLING ISSUESSUCH AS EATING DISORDERS, SELF-HARM, DRUG AND ALCOHOL ADDICTIONS, DEPRESSION AND UNPLANNED PREGNANCY THE MINISTRY HAS RESIDENTIAL HOMES IN MONROE, LA, NASHVILLE, TN, ST LOUIS, MO, AND SACRAMENTO, CA THE PROGRAM IS VOLUNTARY, LASTS APPROXIMATELY SIX MONTHS, AND INCLUDES BIBLICALLY-BASED COUNSELING, NUTRITION AND FITNESS EDUCATION, AND LIFE-SKILLS TRAINING SUCH AS BUDGETING, SETTING BOUNDARIES, AND PREPARATION FOR PARENTING OR PLACEMENT IF THEY ARE PREGNANT IN ADDITION TO ITS RESIDENTIAL PROGRAM, THE MINISTRY REACHES OUT TO YOUNG WOMEN THROUGH SPEAKING ENGAGEMENTS AND EDUCATIONAL RESOURCE PUBLICATIONS THESE INITIATIVES BRING AWARENESS TO LIFE-CONTROLLING ISSUES AND PRESENT THE MINISTRY'S BIBLICALLY BASED METHOD OF OVERCOMING THESE ISSUES INITIATIVES INCLUDE THE MINISTRY'S WEBSITE, ISSUE-BASED BOOKS, TEACHING MATERIALS, AND RADIO PROGRAMMING THE PROGRAM TAKES A CHRISTIAN APPROACH TO TREATMENT BY ADDRESSING A YOUNG WOMAN'S SENSE OF SELF AND SELF-WORTH IN THIS WAY, THE MINISTRY HELPS YOUNG WOMEN FACING A VARIETY OF SEEMINGLY DIVERSE ISSUES MOVE PAST THEIR DEBILITATING CIRCUMSTANCES AS THEY RECOGNIZE AND ACCEPT THEIR IDENTITY IN CHRIST, PREPARING THEM TO REACH THEIR FULL POTENTIAL

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	SCHEDULE L, PART IV NANCY ALCORN IS THE FOUNDER AND A BOARD MEMBER OF THE MINISTRY HER NIECE IS A FULL-TIME EMPLOYEE OF THE MINISTRY HER NIECE'S COMPENSATION IS LESS THAN 100,000 A YEAR AND, AS SUCH, IS NOT REPORTED ELSEWHERE ON THE RETURN SCHEDULE D, PART VI, LINE 1A, COLUMN A LAND HELD FOR SALE OF 2,003,323 CONSISTS OF APPROXIMATELY 8 ACRES OF AN 11 75 ACRE PLOT OF UNDEVELOPED LAND IN FLORIDA THE REMAINDER OF THE LAND IS TO BE USED FOR A FUTURE RESIDENTIAL FACILITY

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	AT 2011 YEAR END, THERE WERE 495 YOUNG WOMEN IN THE APPLICATION PROCESS

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	IN 2008, THE MINISTRY ENTERED INTO A MINISTRY COLLABORATION AGREEMENT (MCA) WITH MERCY MINISTRIES, INTERNATIONAL (MMI) THEREBY AGREEING TO ADHERE TO THE STANDARDS OF OPERATIONS, GOVERNANCE, STRUCTURE AND COMMITMENTS AS DEFINED IN THE MCA AS PROVIDED FOR IN THE MCA, THE MINISTRY MAY, WITH EXPRESS APPROVAL OF THE BOARD OF DIRECTORS, MAKE DONATIONS OR PROVIDE FUNDS TO MMI AS THE MINISTRY DEEMS APPROPRIATE TO SUPPORT ITS EFFORTS TO ACCOMPLISH THE GOALS OF THE MINISTRY AROUND THE WORLD THE TOTAL FUNDS CONTRIBUTED TO MERCY MINISTRIES INTERNATIONAL, INC FOR 2011 WERE 399,509

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	JOE COOK, JR CHRISTY SINGLETON BOARD MEMBER EXEC DIR FATHER/DAUGHTER

Identifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAGE 6, PART VI, LINE 4	MERCY MINISTRIES OF AMERICA, INC ("MMOA") WAS A LA NONPROFIT CORPORATION MMOA FORMED A NONPROFIT CORPORATION IN TN CALLED MERCY MINISTRIES OF TENNESSEE, INC ("MMT") THE CHARTERS FOR MMOA AND MMT ARE IDENTICAL (EXCEPTING THE NAMES), AND BOTH ENTITIES WERE GOVERNED BY THE SAME BOARD OF DIRECTORS UPON THE FORMATION OF MMT, A FORMAL "PLAN OF MERGER" (ATTACHED TO THE ARTICLES OF MERGER FILED IN TN) WAS ENTERED THE FORMAL PLAN OF MERGER WAS THEN ATTACHED TO THE ARTICLES OF MERGER AND FILED WITH BOTH TN AND LA THIS EFFECTIVELY MERGED MMOA INTO MMT, AND AS PART OF THE MERGER, MMT'S NAME WAS CONVERTED TO MMOA SO, THE END RESULT IS MMOA IS NO LONGER A LA NON-PROFIT CORPORATION, BUT IS NOW A TN NON-PROFIT CORPORATION, WITH THE PURPOSES AND GOVERNING STRUCTURES IDENTICAL

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 IS DELIVERED TO THE BOARD OF DIRECTORS FOR REVIEW AND FULL APPROVAL THE CORPORATE SECRETARY OF THE MINISTRY IS TO BE AVAILABLE TO ANSWER QUESTIONS TO THE BOARD OF DIRECTORS DURING THE PERIOD OF REVIEW AND APPROVAL A SIGNED ACKNOWLEDGEMENT OF REVIEW AND APPROVAL, EITHER MANUAL OR ELECTRONIC, IS TO BE RECEIVED FROM EACH OF THE BOARD OF DIRECTORS PRIOR TO FILING THE MINISTRY'S FORM 990

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	IF THE GOVERNING BOARD OR A COMMITTEE OF THE MINISTRY HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. WITH REGARD TO EMPLOYEES OF THE MINISTRY, THEY ARE REQUIRED TO COMPLETE A DISCLOSURE STATEMENT TO REPORT ANY ACTUAL, ATTEMPTED OR SUSPECTED VIOLATIONS OF THIS POLICY BY ANYONE IN THE MINISTRY. THE DISCLOSURE STATEMENT IS ALSO REQUIRED TO BE COMPLETED BY ALL EMPLOYEES TO INDICATE THE EXISTENCE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BEFORE ENTERING INTO A BUSINESS RELATIONSHIP. TO ENSURE THE MINISTRY OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEW OF ARRANGEMENTS THAT MAY CAUSE CONFLICTS OF INTERESTS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS. 1) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING. 2) WHETHER BUSINESS RELATIONSHIPS CONFORM TO THE MINISTRY'S WRITTEN POLICIES, AND ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENTS OR PAYMENTS FOR GOODS AND SERVICES, FURTHER THE CHARITABLE PURPOSE OF THE MINISTRY AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT OR EXCESS BENEFIT TRANSACTIONS. WHEN CONDUCTING THE PERIODIC REVIEWS, THE MINISTRY MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE GOVERNING BOARD OF ITS RESPONSIBILITY OF ENSURING PERIODIC REVIEWS ARE CONDUCTED

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION FOR THE TOP OFFICIAL OF THE MINISTRY INCLUDES A REVIEW AND APPROVAL BY A COMPENSATION COMMITTEE AS ELECTED BY THE BOARD OF DIRECTORS BEFORE SUCH COMPENSATION MAY BECOME EFFECTIVE. THE COMPENSATION COMMITTEE IS PROVIDED INDEPENDENT COMPENSATION STUDIES AND COMPARABLE COMPENSATION AS REPORTED ON SIMILAR ORGANIZATIONS ON A FILED FORM 990

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE PROCESS FOR DETERMINING COMPENSATION OF THE OFFICERS OR KEY EMPLOYEES OF THE MINISTRY INCLUDES A REVIEW AND APPROVAL BY A COMPENSATION COMMITTEE AS ELECTED BY THE BOARD OF DIRECTORS BEFORE SUCH COMPENSATION MAY BECOME EFFECTIVE. THE COMPENSATION COMMITTEE IS PROVIDED INDEPENDENT COMPENSATION STUDIES AND COMPARABLE COMPENSATION AS REPORTED ON SIMILAR ORGANIZATIONS ON A FILED FORM 990

Identifier	Return Reference	Explanation
STATES WHERE COPY OF RETURN IS FILED	FORM 990, PAGE 6, PART VI, LINE 17	LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE MINISTRY MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA THE MINISTRY'S WEBSITE AT WWW MERCYMINISTRIES COM THESE DOCUMENTS, AS WELL AS THE CONFLICT OF INTEREST POLICY, ARE AVAILABLE UPON REQUEST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493194009572

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MERCY MINISTRIES OF AMERICA INC

Employer identification number
72-0973419

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MERCY MINISTRIES INTERNATIONAL INC 15328 OLD HICKORY BLVD NASHVILLE, TN 37211 20-0408162	INTLOUTRCH	TN	501C3	7	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MERCY MINISTRIES INTERNATIONAL INC	B	361,320	CASH TRANSACTIONS
(2) MERCY MINISTRIES INTERNATIONAL INC	M	7,122	CASH TRANSACTIONS
(3) MERCY MINISTRIES INTERNATIONAL INC	N	88,844	CASH TRANSACTIONS
(4) MERCY MINISTRIES INTERNATIONAL INC	O	16,912	CASH TRANSACTIONS
(5) MERCY MINISTRIES INTERNATIONAL INC	P	74,560	CASH TRANSACTIONS
(6) MERCY MINISTRIES INTERNATIONAL INC	Q	128	CASH TRANSACTIONS

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	THE MINISTRY SHARES A CLOSE RELATIONSHIP WITH MERCY MINISTRIES INTERNATIONAL INC MMI THE MINISTRY ELECTED TO CONTRIBUTE FUNDS TO ENABLE MMI TO FURTHER ITS EXEMPT PURPOSE OF SHARING THE PROGRAM AND PROCEDURES OF THE MINISTRY WITH OTHER NOTFORPROFIT ORGANIZATIONS SEEKING TO ACHIEVE THE SAME GOALS ACROSS THE WORLD THESE FUNDS INCLUDE CASH CONTRIBUTIONS SHARING OF CERTAIN EMPLOYEES AND FACILITIES AND THE USE OF OTHER ASSETS ALL SHARING OF RESOURCES ARE WELL DOCUMENTED AND TRACKED ACCORDINGLY AND REPORTED ACCURATELY AND IN THEIR ENTIRETY ON SCHEDULE R

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0973419
Name: MERCY MINISTRIES OF AMERICA INC

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	MERCY MINISTRIES INTERNATIONAL INC	B	361,320	CASH TRANSACTIONS
(2)	MERCY MINISTRIES INTERNATIONAL INC	M	7,122	CASH TRANSACTIONS
(3)	MERCY MINISTRIES INTERNATIONAL INC	N	88,844	CASH TRANSACTIONS
(4)	MERCY MINISTRIES INTERNATIONAL INC	O	16,912	CASH TRANSACTIONS
(5)	MERCY MINISTRIES INTERNATIONAL INC	P	74,560	CASH TRANSACTIONS
(6)	MERCY MINISTRIES INTERNATIONAL INC	Q	128	CASH TRANSACTIONS

Additional Data

Software ID:
Software Version:
EIN: 72-0973419
Name: MERCY MINISTRIES OF AMERICA INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 581,684 including grants of $) (Revenue $)

IN 2008, THE MINISTRY ENTERED INTO A MINISTRY COLLABORATION AGREEMENT (MCA) WITH MERCY MINISTRIES, INTERNATIONAL (MMI) THEREBY AGREEING TO ADHERE TO THE STANDARDS OF OPERATIONS, GOVERNANCE, STRUCTURE AND COMMITMENTS AS DEFINED IN THE MCA AS PROVIDED FOR IN THE MCA, THE MINISTRY MAY, WITH EXPRESS APPROVAL OF THE BOARD OF DIRECTORS, MAKE DONATIONS OR PROVIDE FUNDS TO MMI AS THE MINISTRY DEEMS APPROPRIATE TO SUPPORT ITS EFFORTS TO ACCOMPLISH THE GOALS OF THE MINISTRY AROUND THE WORLD THE TOTAL FUNDS CONTRIBUTED TO MERCY MINISTRIES INTERNATIONAL, INC FOR 2011 WERE 399,509