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

Department of the Treasury Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning Jul 01, 2012, and ending Jun 30, 2013

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: MERCY DRIVE INC. D Employer identification number: 04-3831639. E Telephone number: 718-793-2157. F Name and address of principal officer: CAROL JAMABO ESQ, 72-35 112TH ST FOREST HILLS NY 11375-.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes a comparison table for Prior Year vs Current Year for lines 8-12 and 13-19. Net Assets or Fund Balances (lines 20-22) are also shown.

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

Signature of officer: Carol Jamabo, Date: 12/06/2013, Title: PRESIDENT. Preparer: LAN GOLIAS, Date: 12/06/2013, Firm: TRINITY TAX AND FINANCIAL SO, Address: 116-16 QUEENS BLVD 245, FOREST HILLS NY 11375-

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

SCANNED JAN 16 2014

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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
PROVIDES MEDICAID SERVICE CO-ORDINATION, RESPITE SERVICE, FET SERVICE
AND COMMUNITY HABILITATION AND DAY HABILITATION

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 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 \$ 588255 . including grants of \$) (Revenue \$ 713965 .)

MEDICAID SERVICE COORDINATION

4b (Code:) (Expenses \$ 482385 . including grants of \$) (Revenue \$ 486709 .)

RESPITE SERVICES

4c (Code:) (Expenses \$ 983847 . including grants of \$) (Revenue \$ 915418 .)

DAY HABILITATION SERVICE
FAMILY EDUCATION AND TRAINING
COMMUNITY HABILITATION

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$)(Revenue \$)

4e Total program service expenses ▶ 2054487 .

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
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		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; for escrow or custodial account liability, 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		X
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		X
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, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, and XII	X	
b	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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	<input type="checkbox"/>	<input type="checkbox"/>
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
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, securities account, or other financial account)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<input type="checkbox"/>	<input type="checkbox"/>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<input type="checkbox"/>	<input type="checkbox"/>
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 as charitable contributions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Organizations that may receive deductible contributions under section 170(c).	<input type="checkbox"/>	<input type="checkbox"/>
7a	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?	<input type="checkbox"/>	<input type="checkbox"/>
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input type="checkbox"/>	<input type="checkbox"/>
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<input type="checkbox"/>	<input type="checkbox"/>
7d	If "Yes," indicate the number of Forms 8282 filed during the year	<input type="checkbox"/>	<input type="checkbox"/>
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input type="checkbox"/>
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/>	<input type="checkbox"/>
7g	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<input type="checkbox"/>	<input type="checkbox"/>
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.	<input type="checkbox"/>	<input type="checkbox"/>
9a	Did the organization make any taxable distributions under section 4966?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Section 501(c)(7) organizations. Enter	<input type="checkbox"/>	<input type="checkbox"/>
10a	Initiation fees and capital contributions included on Part VIII, line 12	<input type="checkbox"/>	<input type="checkbox"/>
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
11	Section 501(c)(12) organizations. Enter	<input type="checkbox"/>	<input type="checkbox"/>
11a	Gross income from members or shareholders	<input type="checkbox"/>	<input type="checkbox"/>
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<input type="checkbox"/>	<input type="checkbox"/>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<input type="checkbox"/>	<input type="checkbox"/>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<input type="checkbox"/>	<input type="checkbox"/>
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<input type="checkbox"/>	<input type="checkbox"/>
13c	Enter the amount of reserves on hand	<input type="checkbox"/>	<input type="checkbox"/>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

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

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	4		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent			
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
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		X
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		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b		X
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		X

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?	X	
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?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No", go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?		X
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	X	
b Other officers or key employees of the organization.	X	
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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 Other (explain in Schedule O)
- 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 during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CAROL JAMABO E 7235 112TH FOREST HIL NY 11375- 718-725-9896

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week <small>(list any hours for related organizations below)</small>	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization <small>(W-2/1099-MISC)</small>	(E) Reportable compensation from related organizations <small>(W-2/1099-MISC)</small>	(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) CAROL JAMABO PRESIDENT	5			X			0	0	0	
(2) EDITH ONWUAZO VICE-PRESIDENT	5	X					0	0	0	
(3) MICHAEL DADA SECRETARY	5	X					0	0	0	
(4) BADEMBA DIALLO MEMBER	5	X					0	0	0	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week <small>(list any hours for related organizations below)</small>	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization <small>(W-2/1099-MISC)</small>	(E) Reportable compensation from related organizations <small>(W-2/1099-MISC)</small>	(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							0	0	0	

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		X
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		X
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		X

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 in compensation from the organization ▶

Part VIII Statement of Revenue

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

		(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					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above					
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f					
Program Service Revenue	2a MEDICAID SERVICE	Business Code 624100	713965.	713965.		
	b RESPITE SERVICE	624310	486709.	486709.		
	c FET SERVICE	624100	7840.	7840.		
	d COMMUNITY HAB	624000	111233.	111233.		
	e DAY HAB	624000	796345.	796345.		
	f All other program service					
	g Total. Add lines 2a-2f		2116092.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14.	14.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
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					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue See instructions		2116106.	2116106.			

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)

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 US See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1652279.	1652279.		
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				
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	31924.	27904.	4020.	
d	Lobbying				
e	Prof fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	1550.	1550.		
13	Office expenses	74489.	65421.	9068.	
14	Information technology				
15	Royalties				
16	Occupancy	125859.	93600.	32259.	
17	Travel	3725.	3725.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3597.	3506.	91.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35447.	14201.	14202.	
23	Insurance	68111.	61580.	6531.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SEE STMT	34005.			
b		22077.			
c		8511.			
d		649.			
e	All other expenses	126696.			
25	Total functional expenses. Add lines 1 through 24e	2188919.	2099707.	82168.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-12274.	1	161342.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	390678.	3	134209.
	4 Accounts receivable, net		4	562.
	5 Loans & other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 169863.		
	b Less accumulated depreciation	10b 58259.	87360.	10c 111604.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	23619.	15	23619.
16 Total assets. Add lines 1 through 15 (must equal line 34)	489383.	16	431336.	
Liabilities	17 Accounts payable and accrued expenses	27278.	17	201124.
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	14876.	22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	265848.	25	121644.
	26 Total liabilities. Add lines 17 through 25	308002.	26	322768.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	181381.	27	108568.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	181381.	33	108568.	
34 Total liabilities and net assets/fund balances	489383.	34	431336.	

Part XI Reconciliation 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	2116106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2188919.
3	Revenue less expenses Subtract line 2 from line 1	3	-72813.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	181381.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108568.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O.	X	
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?		X
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		

BCA

Form 990 (2012)

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.

Department of the Treasury
Internal Revenue Service

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

Name of the organization MERCY DRIVE INC	Employer identification number 04-3831639
--	---

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 described in 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 - Non-functionally integrated
 - 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?
 (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 supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	302353.	882750.	1116808.	1456279.	2116106.	5874296.
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	302353.	882750.	1116808.	1456279.	2116106.	5874296.
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)						
6 Public support. Subtract line 5 from line 4.						5874296.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	302353.	882750.	1116808.	1456279.	2116106.	5874296.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						5874296.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.86	%
16a 33 1/3% support test - 2012. 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 ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% facts-and-circumstances test - 2012. 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 ▶ <input type="checkbox"/>			
b 10%-facts-and-circumstances test - 2011. 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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Open to Public Inspection

Name of the organization

MERCY DRIVE INC

Employer identification number

04-3831639

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for tracking easements held at the end of the tax year (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, with fields for revenues and assets.

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3 Using the organization's acquisition, 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 XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in part XIII

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment \blacktriangleright 0.00 %
- b Permanent endowment \blacktriangleright 0.00 %
- c Temporarily restricted endowment \blacktriangleright 0.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII 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				
b Buildings				
c Leasehold improvements	13,742.		3,038.	10,704.
d Equipment	21,017.		8,770.	12,247.
e Other	135,104.		46,451.	88,653.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				111,604.

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must 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
(1) RENT SECURITY DEPOSIT	23,300.
(2) UTILITIES DEPOSIT	240.
(3) EMPLOYEE ADVANCE	79.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	23,619.

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

(a) Description of Liability	(b) Book value
(1) Federal Income Taxes	
(2) LOAN ON WHITE FORD E350 2011	29,254.
(3) LOAN ON SLIVER VAN E350 2012	14,198.
(4) LOAN ON Y2012 COROLLA	12,756.
(5) BUSINESS LOAN-SILVER BLUE GROUP	60,000.
(6) SALARY PAYABLE	5,436.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	121,644.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements		1	2,116,106.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	2,116,106.
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 XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,116,106.

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

1	Total expenses and losses per audited financial statements		1	2,188,919.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	2,188,919.
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 XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,188,919.

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PROVIDES MEDICAID SERVICE CO-ORDINATION, RESPITE SERVICE, FET SERVICE AND COMMUNITY HABILITATION, AND DAY HABILITATION SERVICE VIA OPWDD

**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

2012

Open to Public Inspection

Name of the organization

MERCY DRIVE INC

Employer identification number
04-3831639

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2012)

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization
MERCY DRIVE INC

Employer identification number
04-3831639

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

BCA

**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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

**Open To Public
Inspection**

Name of the organization
MERCY DRIVE INC

Employer identification number
04-3831639

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$ _____						

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

BCA

US 990

Other Functional Expenses: Page 10, Line 24

2012

Description of the Asset	Total	Program Services	Management and General	Fundraising
TELEPHONE	34,005.	25,309.	8,696.	
CONSULTANT	22,077.	19,170.	2,907.	
PROGRAM SUPPLIES	8,511.	8,511.		
PRINTING	649.	649.		
DUES AND SUBSCRIPTION	3,139.	3,016.	123.	
REPAIR&MAINTENANCE	1,377.	1,377.		
UTILITIES	8,205.	7,969.	236.	
EQUIPMENT LEASE	9,759.	9,652.	107.	
AUTOMOBILE EXPENSE	83,883.	81,751.	2,132.	
BANK CHARGES	2,724.	1,946.	778.	
BILLING PROCESSING	10,814.	10,814.		
PAYROLL PROCESSING	6,795.	5,777.	1,018.	
	191,938.	175,941.	15,997.	

2012 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
LEASEHOLD IM	10/11	13742	100		13742	MACRS	15.0	HY	1733	1305	1175	1733	1305			
		13742					15.0		1046			1046				
Form Totals:		144833			144833				22862	35447	29054	18333	28948			

2012 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
-------------	-----------	------	----------	------------	-------	--------	--------------	-------------	---------------	-----------	-----------	-------------	------------	-------------	-----------

Form: SOCIAL SERVICE

Rental Property: N/A

Depreciation Class: N/A

In Service Year: 2010

COMPUTER HAR 07/10 10260 100

10260 MACRS 5.0 HY 4090 1970 1182 3423 1831

MACRS 5.0

Depreciation Class: Autos

In Service Year: 2011

HONDA ODDESY 12/11 18996 100

18996 MACRS 5.0 HY 3799 6079 3647 2849 4844

FORD VAN 200 12/11 6004 100

6004 MACRS 5.0 HY 1201 1921 1153 901 1531

25000 5000 8000 3750 6375

In Service Year: 2012

FORD E 350 W 04/12 50785 100

50785 MACRS 5.0 HY 10157 16251 9751 7618 12950

COROLLA BLUE 08/12 17400 100

17400 MACRS 5.0 HY 3480 5568 2610

17400 MACRS 5.0

In Service Year: 2013

FORD GREEN 2 05/13 17820 100

17820 MACRS 5.0 HY 3564 5702 2673

MACRS

Depreciation Class: Furniture and fixtures nonrental

In Service Year: 2008

FURNITURE AN 08/08 9826 100

9826 MACRS 7.0 HY 1882 877 876 1809 1204

1882 877 876 1809 1204

Depreciation Class: Leasehold Improvements nonresidential

In Service Year: 2011

Mercy Drive Inc.
Accompanying Information
 (See Independent Auditor's Report)
Schedule of Functional Expenses
For Year Ended June 30, 2013

	Program Service						Management and		Total
	CH	DAY HAB	FET	MSC	RESPITE	General			
Professional Fees	\$ 2,225	\$ 15,484	\$ 178	\$ 16,196	\$ 10,412	\$ 5,040	\$	49,534	
Bank Service Charges	104	671	10	704	458	778		2,724	
Automobile Expenses	5,034	60,126	2,463	8,825	5,303	2,132		83,883	
Insurance	4,707	7,292	42	41,593	7,946	6,531		68,111	
Rent	3,221	56,472	258	18,576	15,074	32,259		125,859	
Depreciatin Expense	1,105	11,778	158	4,734	3,472	14,200		35,447	
Equipment Lease	788	458	102	5,225	3,079	107		9,759	
Utilities	220	3,056	18	2,647	2,028	236		8,205	
Repairs & Maintenance		1,377	0	0	0	0		1,377	
Office Expenses	5,131	33,048	744	20,940	5,558	9,068		74,489	
Project Direct Cost	95,286	630,724	8,718	445,704	419,584	52,264		1,652,279	
Program Consultant Fee	1,415	7,491	130	7,562	2,572	2,907		22,077	
Program Supplies	0	8511	0	0	0	0		8,511	
Telephone	1,164	7,988	105	10,842	5,211	8,696		34,005	
Regulatory Fees	0	0	0	0	0	0		0	
Travel	0	1,650	0	2,075	0	0		3,725	
Printing	0	0	0	0	649	0		649	
Training & Seminars	33	1,871	3	1,443	156	91		3,597	
Dues & Subscriptions	603	603	603	603	603	123		3,139	
Advertising Expense	60	618	5	587	281	0		1,550	
Security Expense	0	0	0	0	0	0		0	
	<u>121,094</u>	<u>849,219</u>	<u>13,534</u>	<u>588,255</u>	<u>482,385</u>	<u>134,432</u>		<u>2,188,919</u>	
Total Expenses	\$ 121,094	\$ 849,219	\$ 13,534	\$ 588,255	\$ 482,385	\$ 134,432	\$	2,188,919	

(See Notes to Financial Statements)

For calendar year 2012 or tax year beginning Jul 01, 2012 and ending Jun 30, 2013

Name: MERCY DRIVE INC
Name line 2
Address: 72-35 112TH STREET PR-1
City, State, and Zip Code: FOREST HILLS NY 11375-

EIN: 04-3831639
Telephone No. 718-793-2157

Email address
Web site address
Fiduciary name, if applicable
Name of officer signing return: CAROL JAMABO ESQ
Title of officer/trustee/fiduciary signing return: PRESIDENT
Group exemption number
Check if exemption application is pending
Accounting method: Cash, Accrual (checked), Other
List states desired: NY

Type of exempt organization:

- Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)
Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
Exempt organization with unrelated business income (Form 990-T)

Preparer ID
Preparer name: LAN GOLIAS
Firm's name: TRINITY TAX AND FINANCIAL SOLUTIONS
Address: 116-16 QUEENS BLVD 245
City, State, ZIP Code: FOREST HILLS NY 11375-

Time in this return: 5488 minutes
Date: 12/06/2013
PTIN: P01613031
Self-employed:
Firm's EIN: 20-3223159
Phone:

Preparer notes These notes will print and proforma

Trinity Tax & Financial Solutions Inc.

Certified Public Accountants & Wealth Builders

E-mail: info@bestcpasolutions.com URL: www.bestcpasolutions.com

MERCY DRIVE, INC.

**Financial Statements for the fiscal year ended June 30, 2013
(With Independent Auditor's Report)**

**116-16 QUEENS BLVD. STE 245 FOREST HILLS NY • 11375
Phone: 718-261-2090 • Fax: 718-559-6736**

Trinity Tax & Financial Solutions Inc.

Certified Public Accountants & Wealth Builders

E-mail: info@bestcpasolutions.com URL: www.bestcpasolutions.com

MERCY DRIVE, INC.

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116-16 QUEENS BLVD. STE 245 FOREST HILLS NY • 11375
Phone: 718-261-2090 • Fax: 718-559-6736

Trinity Tax & Financial Solutions Inc.

Certified Public Accountants & Wealth Builders
E-mail: info@bestcpasolutions.com URL: www.bestcpasolutions.com

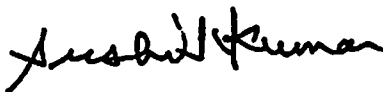
Independent Auditor's Report

**Board of Directors
Mercy Drive, Inc.
72-35 112st Ste PR1
Forest Hills, NY 11375**

We have audited the accompanying statement of Financial position of Mercy Drive, Inc. (the organization) as of June 30, 2013 and the related Statement of activities and Cash flows and Functional expenses. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimated made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material facts, the financial position of Mercy Drive, Inc. as of June 30, 2013 and the changes in its assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.



**Sushil Kumar,
Certified Public Accountant**

December 2, 2013

**116-16 QUEENS BLVD. STE 245 FOREST HILLS NY • 11375
Phone: 718-261-2090 • Fax: 718-559-6736**

Mercy Drive, Inc.
Statement of Financial Position
 (See Independent Auditor's Report)
 As of June 30, 2013

<u>Assets</u>	<u>Operating Funds</u>
Cash (TD Bank)	\$161,341
Due from MSC	59,197
Due from FET	335
Due from RESPITE	19,831
Due from CH	1,966
Due from Day Hab	52,880
Employee Advance	562
Fixed Assets (Net of Depreciation: \$58,259)	111,604
Security Deposits	23,619
Total Assets	<u><u>\$431,336</u></u>
<u>Liabilities and Net Assets</u>	
Accrued Expenses	\$322,768
Unrestricted Net Assets	108,568
Restricted Net Assets	0
Total Net Assets	<u><u>\$431,336</u></u>

(See Notes to Financial Statements)

Mercy Drive, Inc.
Statement of Activities
 (See Independent Auditor's Report)
 For Year Ended June 30, 2013

	Unrestricted	Restricted	Total
Revenues, Gains, and Other Support:			
Program Service Fees-Respite Services			
Medicaid Service Coordination	\$713,965		\$713,965
Respite Services	486,709		486,709
FET services	7,840		7,840
Community Hab	111,233		111,233
DAY HAB	796,345		796,345
Contribution Income	-		-
Interest Income	14		14
Net assets released from restrictions:			
Satisfaction of program restrictions			-
Total Revenues	<u>2,116,106</u>		<u>2,116,106</u>
Expenses and Losses:			
Program Services			
Medicaid Service Coordination	588,255		588,255
Respite Services	482,385		482,385
CH	121,094		
FET	13,534		
Day Hab	849,219		
Management and General	134,432		134,432
Total Expenses and Losses	<u>2,188,919</u>		<u>2,188,919</u>
Changes in Net Assets	<u>(72,813)</u>		<u>(72,813)</u>
Net Assets at Beginning of Year	181,381		181,381
Prior period pending adjustment	-		-
Net Assets at End of Year	<u>\$108,568</u>		<u>\$108,568</u>

(See Notes to Financial Statements)

Mercy Drive, Inc.
Statement of Activities
(See Independent Auditor's Report)
For Year Ended June 30, 2013

3

	Unrestricted	Restricted	Total
Revenues, Gains, and Other Support:			
Program Service Fees-Respite Services			-
Medicaid Service Coordination	\$713,965		\$713,965
Respite Services	486,709		486,709
FET services	7,840		7,840
Community Hab	111,233		111,233
DAY HAB	796,345		796,345
Contribution Income	-		-
Interest income	14		14
Net assets released from restrictions:			
Satisfaction of program restrictions			-
Total Revenues	<u>2,116,106</u>	<u> </u>	<u>2,116,106</u>
Expenses and Losses:			
Program Services			
Medicaid Service Coordination	588,255		588,255
Respite Services	482,385		482,385
CH	121,094		
FET	13,534		
Day Hab	849,219		
Management and General	<u>134,432</u>		<u>134,432</u>
Total Expenses and Losses	<u>2,188,919</u>	<u> </u>	<u>2,188,919</u>
Changes in Net Assets	<u>(72,813)</u>		<u>(72,813)</u>
Net Assets at Beginning of Year	181,381		181,381
Prior period pending adjustment	-		-
Net Assets at End of Year	<u>\$108,568</u>	<u> </u>	<u>\$108,568</u>

(See Notes to Financial Statements)

Mercy Drive, Inc.
Statement of Cash Flow
For Year Ended June 30, 2013
(See Independent Auditor's Report)

Cash Flows from Operating Activities		
Program Service Fees Received	\$ 2,116,106	
Due from MSC	760	
Due from RESPITE	20,738	
Due from FBT	2,046	
Due from CH	51,153	
Due to Day Hab	181,772	
Professional Fees Paid	(49,534)	
Bank Service Charges Paid	(2,724)	
Auto Expenses Paid	(83,883)	
Insurance Paid	(68,111)	
Rent	(125,859)	
Utilities	(8,205)	
Repairs & Maintenance Paid	(1,377)	
Telephone Charges Paid	(34,005)	
Travel	(3,725)	
Office Expenses Paid	(74,489)	
Depreciation Expense	(35,447)	
Project Direct Cost Paid	(1,652,279)	
Training & Seminars	(3,597)	
Advertising Expense	(1,550)	
Equipment Lease	(9,759)	
Program Consultant Fee	(22,077)	
Program Supplies	(8,511)	
Printing	(649)	
Dues & Subscriptions	(3,139)	
Employee Advances	(562)	
Current Short-Term Liabilities	29,643	
Net Cash Used by Operating Activities	<u>\$ 212,736</u>	
Cash Flow from Investment Activities		
Payment for Office Equipment	(371)	
Payment for Auto	(59,320)	
Payment for Computer & Furniture	-	
Accumulated Depreciation	35,447	
Security Deposit	-	
Net Cash Used by Investment Activities	<u>(24,244)</u>	
Cash Flow from Financing Activities:		
Loan from Officer	(14,876)	
Unrestricted Net Assets	-	
Net Cash Used by Financing Activities	<u>\$ (14,876)</u>	
Prior period adjustment		
Net Decrease in Cash and Cash Equivalents		173,616
Cash and Cash Equivalents at Beginning of Year		<u>(12,273)</u>
Cash and Cash Equivalents at End of Year		<u>\$ 161,341</u>
(See Notes to Financial Statements)		

Mercy Drive, Inc.

**Notes to Financial Statements June 30, 2013
(See Independent Auditor's Report)**

Note 1 - Purposes of organization

The Organization was first established and incorporated in the state of New York on Nov 24, 2003. The Organization provides services in the form of one program authorized under the New York State law and regulations via the Office of People with Developmental Disabilities (OPWDD)

- 1. Medicaid Service Coordination: Assist consumers with**
 - **Apply for Public Assistance, Food Stamps, Medicaid, SSI, and Family Reimbursement.**
 - **Apply for Parent training.**
 - **Refer to Psychological, Psycho-Social, Medical and Dental Evaluations.**
 - **Individual Educational Plans, Family Services Plans and Landlord/Tenant Court cases.**

- 2. Respite Services: Assist parents with disabled children to leave children with a caretaker:**
 - **Attend social activities or graduation**
 - **Go for shopping.**
 - **Attend vocational training programs, meetings.**

- 3. Family Education and Training (FET): provides education and training to care-givers of children under the age of 18.**
 - **The purpose of this service is to assist families to make informed decisions about services needed for a loved one with a diagnosis of developmental disabilities. Individuals and families are informed of services and tools needed to promote individuals' independence, community integration and inclusion.**

- 4. Community Habilitation Services (CH) is provided to Individuals with developmental disabilities.**
 - **The purpose of CHS is to provide independent living skills training, socialization skills, and integration into the community. CHS assists individuals in acquiring, retaining, improving adaptive skills and self-help skills to reside in home and community based settings.**
 - **CHS fosters independence, integration, individuality, and productivity in the community.**
 - **CHS includes provisions for self-directed and family directed community habilitation services, which will enhance flexibility and freedom of choice.**

5. **Day Habilitation(DH) programs provide Group Day Habilitation Services, plus we provide one to one when necessary for an individualized experience.**
- **The Purpose of DH is highly Individualized programming within a community setting which emphasizes social skills development, independent life skills training, health and fitness support, vocational preparation, fine arts and music aspirations and utilization of the community as a learning and living environment.**
 - **Day habilitation provide services for door to door transportation for each participant, who spends the day in the community volunteering, participating and engaging in various activities.**
 - **DH program has recreational activities which called "Without Walls Program". The Recreation will provide Outdoor Activities such as, Movie Theaters, Meet and Greet at Nursing Homes and Hospitals, Animal Assisted Therapy Programs, Soup Kitchens, Meals on Wheels Program and other Vocational and Recreational Outings. This program enhances the individual flexibility and freedom of choice.**

Note 2-Operations and management's plans

For the fiscal year ended June 30, 2013 the organization got funded under the following programs:

*Medicaid Services:	\$ 713,965
*Respite Services:	\$ 486,709
*FET Services:	\$ 7,840
*CHS:	\$ 111,233
*DAY HAB:	\$796,345
*Other Income:	\$14

For the fiscal year ended June 30, 2013 the total Revenue of \$ 2,116,106 is less than the Organizational Expenses of \$ 2,188,919 which resulted in negative net assets of \$ 72,813. At June 30, 2013 the Organization's net assets aggregate of \$ 108,568 is all unrestricted.

Note 3-Summary of significant accounting policies

The organization prepares its financial statements in conformity with accounting principles generally accepted in the United States of America, which requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of public support, revenues and expenses during the reporting period. Actual results could differ from those estimates.

The organization receives funding which are not subject to any restriction.

Office of People With and Developmental Disabilities (OPWDD) under the New York State agency: The Organization reports its expense by their functional classification, which is the reporting by major programs and supporting activities. Program services are the activities that result in goods and services being distributed to beneficiaries pursuant to the organization's mission. The Organization is required to file an annual Consolidated Fiscal Report (CFR) as a requirement to get the funding.

This agency provides funding under the following Program:

*Medicaid Service Co-ordination

*Respite Service

*FET Service

*Community Habilitation

*Day Habilitation (DH)

Supporting activities are all activities other than program services, such as: Management & General Activities: include all management and administrative functions such as oversight, business management, general recordkeeping, budgeting, financial, but exclude direct conduct of Program services.

Note 4- Office Space

The organization moved its administrative office to 72-35 112st Ste PR1 Forest Hills, NY 11375 effective May 1, 2011 to conduct its activities more efficiently. The term of the lease expires on February 28, 2015. This has been approved by the Board of Directors. Refundable deposit of additional \$ 5,000.00 was made to the landlord for new space leased. The Fixed Annual Rent is as follows:

<u>Location</u>	<u>Period</u>	<u>Annual</u>
73-14, & 73 -12 Yellowstone Blvd Forest Hills, NY 11375	05/01/2009-04/30/2010	\$36,000.00

	05/01/2010-04/30/2011	\$37,080.00
	05/01/2011-04/30/2012	\$38,196.00
	05/01/2012-04/30/2013	\$39,348.00
	05/01/2013-04/30/2014	\$51,600.00
	05/01/2014-04/30/2015	\$52,890.00
	05/01/2015-04/30/2016	\$54,212.00
	05/01/2016-04/30/2017	\$55,567.30
72-35 112th Street, Forest Hills, NY 11375	10/01/2010-11/30/2011	\$30,000.00
	10/01/2011-11/30/2012	\$31,200.00
	10/01/2012-11/30/2013	\$32,400.00
	10/01/2013-11/30/2014	\$33,600.00
	10/01/2014-11/30/2015	\$35,400.00
64-07 & 64-09 Alderton St. Rego Park, NY 11374	10/01/2011-09/30/2016	\$42,000.00

Note 5 - Accounts Receivables

The Accounts Receivables of the organization as of June 30, 2013 are as follows:

Due to MSC	\$59,197
Due from FET	\$335
Due from Respite	\$19,831
Due from CH	\$1,966
Due from Day Hab	\$52,880

The accounts receivables have been subsequently received as of the date of the audit report.

Note 6- Equipment, Furniture & Fixtures:

The breakdown of the assets is as follows:

Computer	\$ 10,260
Office Equipment	\$ 2,546
Furniture & Fixtures	\$ 8,211
Vehicles	\$135,104

Less: Acc Depreciation	<u>\$ 55,221</u>
Net	\$100,900
Leasehold Improvements	\$13,742
Less: Acc Amortization	<u>\$ 3,038</u>
Net	\$10,704
Total Net Assets	\$ 111,605

Note 7 - Security Deposit

The total Security Deposit is \$23,619.00 and comprises as follows:

Location	Amount
1. 72-35 112st Ste PR1 Forest Hills, NY 11375	\$7,700.00
2. 64-07 & 64-09 Alderton St. Rego Park, NY 11374	\$7,000.00
3. 73-14, & 73 -12 Yellowstone Blvd Forest Hills, NY 11375	\$8,600.00
Total	\$ 23,300.00

Note 8- Tax-exempt status

The organization is a not-for-profit corporation exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code since November 24, 2003.

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return
MERCY DRIVE INC

Business or activity to which this form relates
SOCIAL SERVICE

Identifying number
04-3831639

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions) ..	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) ..	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) ..	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	28,403.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B-Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		35,220.	5	HY	200 DB	7,044.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions ..	22	35,447.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization MERCY DRIVE INC	Employer identification number 04-3831639
	Number, street, and room or suite no. If a P.O. box, see instructions 72-35 112TH STREET PR-1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FOREST HILLS NY 11375-	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **CAROL JAMABO ESQ**
 Telephone No ▶ **718-725-9896** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEB 15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20____ or
 ▶ tax year beginning Jul 01, 20 12, and ending Jun 30, 20 13

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization MERCY DRIVE INC	Employer identification number 04-3831639
	Number, street, and room or suite no. If a P.O. box, see instructions 72-35 112TH STREET PR-1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FOREST HILLS NY 11375-	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **CAROL JAMABO ESQ**
 Telephone No. **718-725-9896** FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **MAY 15, 20 14**
- 5 For calendar year , or other tax year beginning **Jul 01, 20 12**, and ending **Jun 30, 20 13**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Title **PRESIDENT** Date **12/04/2013**

BCA

Form 8868 (Rev 1-2013)