## (Rev. January 2020) Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u> F	or the	e 2019 calendar year, or tax year beginning and	ending		
<b>B</b>	Check if pplicabl	C Name of organization		D Employer identific	cation number
X	Addre	MERCY HOUSE, INC.			
Name change Initial return				83-13442	45
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	□Final return	P.O. BOX 10036		334-676-	
	termin ated			G Gross receipts \$	290,681.
	Amen return	MONIGOMERI, AL 30100		H(a) Is this a group re	
	Application			for subordinates	? Yes X No
	pendi	P.O. BOX 10036, MONTGOMERY, AL 36108		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)
		te: ► HTTPS: //WWW.MERCYHOUSEMGM.ORG/		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2018 N	1 State of legal domicile: AL
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: THE			
Governance		SPIRITUAL, SOCIAL, AND EDUCATIONAL SERVIC			
ř	2	Check this box   if the organization discontinued its operations or dispose			
ŏ	3			3	17
<u>ه</u>	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			17
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			4
Activities &		Total number of volunteers (estimate if necessary)			17
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.
		Ocatile the action and accepts (Dect VIIII for the		Prior Year 103,505.	Current Year 290,681.
ne	I .	Contributions and grants (Part VIII, line 1h)		0.	290,001.
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		103,505.	290,681.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		500.	3,388.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,400.	112,721.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Je n	h	Total fundraising expenses (Part IX, column (A), line 25)  21,0	02.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,407.	85,228.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,307.	201,337.
		Revenue less expenses. Subtract line 18 from line 12		72,198.	89,344.
- JC		Tovariae ree experience. Casaraet into to trent into the	Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		74,076.	163,996.
ASS	21	Total liabilities (Part X, line 26)		1,878.	2,454.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		72,198.	161,542.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	DREW WOODS, PRESIDENT			
		Type or print name and title	Tr	Date Check	T PTIN
D - '		Print/Type preparer's name Preparer's signature	l l	L	
Paid		EDEN THORNTON EDEN THORNTON	ΙΔ	.1/13/20 self-employ	P01366912
	Only	Firm's name JACKSON THORNTON & CO., PC		Firm's EIN	63-1035228
use	Only	Firm's address PO BOX 96 MONTGOMERY, AL 36101-0096		Dhana na 22	4-834-7660
May	the II	RS discuss this return with the preparer shown above? (see instructions)		I FIIOHE HO. 33	X Yes No
ivia	,	10 GIOGGO TING TOTALLI WITH THE PROPARCY SHOWIT ADDVC! (SEC HISHIUCHUIS)			100110

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	THE MERCY HOUSE PROVIDES SPIRITUAL, SOCIAL, AND EDUCATIONAL S	
	TO PEOPLE IN NEED. OUR PURPOSE IS TO REDIRECT LIVES THROUGH T	<u>HE</u>
	SERVICES WE PROVIDE.	
	Did the construction of the last of the construction of the constr	
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 X 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 X No
	If "Yes," describe these changes on Schedule O.	l h
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	ai experises, ariu
 4а	156.040 2.200	<u> </u>
	WE PROVIDE HOT MEALS SIX DAYS A WEEK TO ANY HUNGRY PEOPLE THA	T WALK
	INTO THE MERCY HOUSE, AS WELL AS PROVIDING AREA HOMELESS WITH	
	SHOWERS, A PLACE TO WASH AND DRY THEIR CLOTHES, OR OBTAIN A C	
	OF CLOTHES, AND PROVIDE A SAFE PLACE FOR AREA CHILDREN TO GET	
	NUTRITIONAL SNACKS AND MEALS WHEN THEY ARE NOT IN SCHOOL.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	(Code:) (Expenses \$	)
	· · · · · · · · · · · · · · · · · · ·	,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 156,948.	
		Form <b>990</b> (2019)

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# Form 990 (2019) MERCY HOUSE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
8	, ,			x
_	Schedule D, Part III	8		
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?			\ <b>3</b> 7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		<b> </b> ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b>.</b>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			177
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2019) MERCY HOUSE, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l _
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	1
Do	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<del>                                     </del>
_	5. "		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a 12  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Enter the number of Fermi W Zermonded in line fat Enter of infort applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-		
000==	(gambling) winnings to prize winners?	1c	gan	<u>l</u> (2019)
932004	\$ 01-20-20	LOUD	550	(ZU19)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 2									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За										
	Ha 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)?									
b	b If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	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  13b									
C	Enter the amount of reserves on hand  [13c]	44-		Х						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_^						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x						
	excess parachute payment(s) during the year?	15								
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\vdash$						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2019)

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year ..... 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 on Schedule O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. X Own website Another's website X Upon request \_\_ Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records DAVID DONOVAN - 3343289260 P.O. BOX 10036, MONTGOMERY, 36108

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

Check if Schedule O contains a response or note to any line 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.

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

See instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	(do box,	not c	Pos heck i	ition		one n an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANN BAGGETT MEMBER	0.10	х						0.	0.	0.
(2) ANTHONY BROCK	0.10	Λ						0.	0.	<u></u>
MEMBER	0.10	х						0.	0.	0.
(3) BOB PARKER	0.10	25						•	•	•
MEMBER	0020	х						0.	0.	0.
(4) BRYAN HENRY	0.10									
MEMBER		Х						0.	0.	0.
(5) CHRIS FLEMING	0.10								-	
MEMBER		Х						0.	0.	0.
(6) DREW WOODS	0.10									
MEMBER		Х						0.	0.	0.
(7) EDEN THORNTON	0.10									
MEMBER		Х						0.	0.	0.
(8) JIMMY POOLE	0.10									
MEMBER		X						0.	0.	0.
(9) KIMBERLY BAKER	0.10									
MEMBER		X						0.	0.	0.
(10) LT. SABA COLEMAN	0.10									
MEMBER		Х						0.	0.	0.
(11) MARY BOONE	0.10								_	_
MEMBER		Х						0.	0.	0.
(12) ROBERT BIRMINGHAM	0.10									
MEMBER		Х						0.	0.	0.
(13) LISA LOCKLAR	0.10			l						
CHAIRPERSON	0.10	Х		Х		_		0.	0.	0.
(14) SENITHA BARNETT	0.10	.,		,,					_	0
SECRETARY (15) PANTE PONOUN	0 10	Х		Х				0.	0.	0.
(15) DAVID DONOVAN VICE-CHAIRPERSON/TREASURER	0.10	v		х					_	0
· · · · · · · · · · · · · · · · · · ·	0.10	Х		^				0.	0.	0.
(16) DON DARLING MEMBER	U.10	Х						0.	0.	0.
(17) NEAL HUGHES	0.10	Λ						1	U •	· ·
MEMBER	0.10	Х						0.	0.	0.
932007 01-20-20		27					<u> </u>		<u> </u>	Form <b>990</b> (2019)

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Section A. Officers, Directors, Trus	tees, Key Emp	<u>yloy</u>	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A) (B) Name and title Average		(C) Position						(D)	(E)		(F) Estimated		
Name and title	hours per		not c	heck r	more	than		Reportable compensation	Reportable compensation	,		timate nount	
	week	offi		nd a di				from	from related			other	
	(list any hours for	Individual trustee or director				٥		the organization	organizations (W-2/1099-MIS			pensa om th	
	related	stee or	rustee			Highest compensated employee		(W-2/1099-MISC)			org	anizat	ion
	organizations below	lual tru	Institutional trustee		sey employee	st com y	_					d relat anizati	
	line)	Indivic	Institu	Officer	Key en	Highe	Former				orge	11112411	0110
(18) KENNETH AUSTIN	40.00												
EXECUTIVE DIRECTOR		-		Х				50,000.		0.			0.
		1											
										$\dashv$			
						├				$\dashv$			
		1											
						$\vdash$				$\dashv$			
						_				$\dashv$			
						$\vdash$				$\dashv$			
1b Subtotal							<b></b>	50,000.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							o re	50,000.		0.			<u> </u>
compensation from the organization	ot illilited to th	056	11516	u ab	JOVE	<i>)</i> wi	10 16	ceived more than \$100,	ooo or reportable				0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	•		4		Х
5 Did any person listed on line 1a receive or a											_		
rendered to the organization? If "Yes," com					,			•			5		Х
Section B. Independent Contractors	-												
1 Complete this table for your five highest co										∍nsat	ion fro	om	
the organization. Report compensation for (A)	ine calendar ye	ear e	eriair	ig w	ILII C	or wi	uriiri	(B)	ear.		(C	:)	
Name and business	address	NO	INC	3				Description of s	ervices	C	ompe		n
							$\dashv$						
2 Total number of independent contractors (ii	ncluding but n	 ot lir	nited	d to t	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organization					(								
											Form	990 (	2019)

			<u> </u>	INC.			83-1344	245 Page <b>9</b>
Pai	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>ω</b> ω	-	_	Federated campaigns 1a					
nts	•							
S of			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
a g		d	Related organizations 1d					
i,		е	Government grants (contributions) 1e					
ion		f	All other contributions, gifts, grants, and					
the the			similar amounts not included above <b>1f</b>	290,681.				
ΞÓ		g	Noncash contributions included in lines 1a-1f 1g \$					
Sor		h	Total. Add lines 1a-1f	<b>•</b>	290,681.			
				Business Code				
	2	а						
Š	_	b						
er ne								
n S		С.						
ar Be		d						
Program Service Revenue		е						
۵			All other program service revenue					
$\longrightarrow$		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere	•				
			other similar amounts)					
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties	<u></u>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	<b>—</b>				
	7		Gross amount from sales of (i) Securities	(ii) Other				
	•	а	assets other than inventory <b>7a</b>	()				
		L	· ·					
		D	Less: cost or other basis					
Revenue			and sales expenses					
Š			Gain or (loss)					
			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses8b					
		С	Net income or (loss) from fundraising events	<b>&gt;</b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<b>.</b>				
	10		Gross sales of inventory, less returns					
		_	and allowances 10a					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	•				
-+		U	THE INCOME OF HUSS/ HOME SAIRS OF HIVEHLORY	Business Code				
SI	44	_		Dusiness Code				
eo ne	11							
Miscellaneous Revenue		b						
3e		С						
Ajs.			All other revenue					
-		е	Total. Add lines 11a-11d					

**12 Total revenue**. See instructions

# Form 990 (2019) MERCY HOUSE, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	3,388.	3,388.		
_	and domestic governments. See Part IV, line 21	3,300.	3,300.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	50,000.	35,000.	7,500.	7,500.
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	54,710.	42,126.	3,283.	9,301.
8	Pension plan accruals and contributions (include	,			•
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10		8,011.	6,168.	481.	1,362.
11	Payroll taxes Fees for services (nonemployees):	0,011•	0,100•	401.	1,302.
a					
b	9	6,100.		6,100.	
C		0,100.		0,100.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	642.	578.		64.
13	Office expenses	23,808.	21,410.	1,971.	427.
14	Information technology				
15	Royalties				
16	Occupancy	25,643.	24,100.	1,543.	
17	Travel	3,656.	3,656.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,709.	13,929.	313.	467.
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,264.	948.	316.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	9,406.	E GAE	1 000	1 001
a	MISCELLANEOUS	9,400.	5,645.	1,880.	1,881.
b				+	
С					
d				+	
e		201 227	156 040	22 207	21 000
<u>25</u>	Total functional expenses. Add lines 1 through 24e	201,337.	156,948.	23,387.	21,002.
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 if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2010

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Form 990 (2019)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	74,076.	1	159,402.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
ts		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,5			
	b	Less: accumulated depreciation10b	0.	10c	4,594
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	163,996
	17	Accounts payable and accrued expenses		17	2,454
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		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	1 070	25	2,454.
	26	Total liabilities. Add lines 17 through 25	1,0/0.	26	2,434
Ø		Organizations that follow FASB ASC 958, check here			
nce	0.7	and complete lines 27, 28, 32, and 33.		07	
ala	27	Net assets without donor restrictions		27 28	
В	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here		20	
딤		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0.
\ss	31			31	161,542.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	70 100	32	161,542.
ž	33	Total net assets or fund balances  Total liabilities and net assets/fund balances		33	163,996.
	33	TOTAL HADHILLES AND HEL ASSELS/TUND DAIGNICES		JJJ	Form <b>990</b> (2010

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets			•			
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	1 2 3 4	20 8	0,68 1,33 9,34 2,19	37. 44.		
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments	5		<u>, , , , , , , , , , , , , , , , , , , </u>	<del>.</del>		
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 on Schedule O)	9			0.		
10	, , , , , , , , , , , , , , , , , , , ,						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Щ		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		2a	Yes	No X		
<b>2</b> a	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:  Separate basis  Consolidated basis  Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>		
С	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:  Separate basis  Consolidated basis  Both consolidated and separate basis						
_	review, or compilation of its financial statements and selection of an independent accountant?	•	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

#### SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** MERCY HOUSE 83-1344245 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

## 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				103,505.	290,681.	394,186.
2	Tax revenues levied for the organ-						
	ization'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				103,505.	290,681.	394,186.
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.						394,186.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4				103,505.	290,681.	394,186.
	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 VI.)						
11	Total support. Add lines 7 through 10						394,186.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	1 501(c)(3)	
	organization, check this box and stop	here					<b>X</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	column (f))		14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the o	-					
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					•
	and if the organization meets the "fac			=	· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	•
	organization meets the "facts-and-circ		•	•	,		<b>.</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	dule A (Form 990	or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<b></b>
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						-
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)				1		<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)		final age and the	 	1	F04(a)(0)	1
14	First five years. If the Form 990 is for	•			•	. , . ,	·
Se	check this box and stop here ction C. Computation of Publi			•••••			
	Public support percentage for 2019 (li			column (f))		15	%
	Public support percentage from 2018	, (,,	,			16	<u> </u>
	ction D. Computation of Inves					1 1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b		
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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization?  b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI.  11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 59% controlled with or a special person described in (a) a for (a) bove?  f Yes' to a. b., or c, provide detail in Pert VI.  11b				Yes	No
below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c. A 35% controlled entity of a person described in (a) or (b) above?  y. Yes* to a. b. or c. provide detail in Pert VI.  Section B. Type I Supporting Organizations  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' describe in Pert VI now the supported organizations directors or trustees at all times during the tax year? If 'No,' describe in Pert VI now the supported organizations directors or trustees at all times during the tax year? If 'No,' describe in Pert VI now the powers of appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization and what conditions or estiticions, if any, applied to supple powers during the tax year in Part VI now providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organizations and the supported organization and the advantage and the	11	Has the organization accepted a gift or contribution from any of the following persons?			
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	b				
	-		3b		

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	 S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	1	
	(provide details in <b>Part VI</b> ). See instructions.	3		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	and our mount and any mile of any our	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MERCY HOUSE, INC.

**Employer identification number** 83-1344245

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ad	vised	l funds	(	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	s hel	d in donor advise	ed fund	ls	
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$						Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	nt funds can be	used o	nly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose of	conferr	ing	
Da	impermissible private benefit?						
Par				" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization		ly).				
	Preservation of land for public use (for example, recreat	tion or education)				-	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	of a co	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				re		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the peri						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations	s, and	a emorcing cons	ervatio	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, one	loof		ion oo		to duving the year
7	S	iing or violations, and	ı em	ording conservat	ion eas	semem	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirem	anto	of section 170/	a)(4)(B)	(i)	
Ü	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	oto to the organization	,,,,	manolal stateme	,,,,,	at 0000	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Ot	her S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fu	rtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these item	S.	•	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts relating to these items:					•	
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea					orovide	-
	the following amounts required to be reported under FASB AS						
а	Revenue included on Form 990, Part VIII, line 1					•	\$
b	Assets included in Form 990, Part X						\$

Schedule D (Form 990) 2019

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sig	nificant ι	use of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	c	1 <u> </u>	Loan or exc	hange progra	m					
b	Scholarly research	e	, [(	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of				•				_	_	_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	•									
1a	Is the organization an agent, trustee, custodi		•						7		٦
_	on Form 990, Part X?							∟	Yes		_ No
р	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					<b>A</b>		
	Device in a below a						4-		Amoun	τ	
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f 20	Ending balance  Did the organization include an amount on Fe						<b>1f</b>		Yes	$\overline{}$	No
	_								_	H	_ NO □
	If "Yes," explain the arrangement in Part XIII.  To V Endowment Funds. Complete in the complet										
	Complete	(a) Current year		rior year	(c) Two year			ears back	(a) Four	r vears	hack
1a	Beginning of year balance	(a) carront year	(5)	nor your	(O) TWO your	o buok 1	<b>a</b> j 111100 j	OUI O DUON	(0) 1 001	youro	buon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
ŭ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a	. column (a)	) held as:			u de la composição de l			
a	Board designated or quasi-endowment		%	,, ()	,						
b	Permanent endowment ▶										
С	Term endowment	<del></del> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administere	ed for the	organiza	ation			
	by:	-								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	е
		basis (investr	ment)		(other)	dep	reciation				
1a	Land				4,594.					<u>4,5</u>	<u>94.</u>
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other									4 -	<del></del>
Total	I. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X. colum	n (B). line 1	0c.)					4,5	
								Schodule	13 /Eass	$\sim \Omega \Omega \Omega$	20110

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line  Description	11d. See Form 990, Part X, line 15.  (b) Book v	
· · · · · · · · · · · · · · · · · · ·	Description	(b) Book (	value
(1)			
(2)			
(3)			
(4)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) (al. (Colymn (b) must equal Form 990, Part X, col. (B) line	15.)	<b>▶</b>	
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	,	11a av 11f Saa Farm 000 Part V line 05	
(6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a)	,		naluo
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	,	11e or 11f. See Form 990, Part X, line 25.  (b) Book v	value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	,		value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	,		value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	,		value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	,		value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	,		value
(6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	,		value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	,		value
(6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	,		value
Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	(b) Book v	value

Schedule D (Form 990) 2019

Part X	Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
<b>1</b> To	tal revenue, gains, and other support per audited financial statements	S	1	
<b>2</b> Am	nounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b> Ne	t unrealized gains (losses) on investments	2a		
	nated services and use of facilities			
	coveries of prior year grants			
<b>d</b> Otl	her (Describe in Part XIII.)	2d		
	d lines 2a through 2d			
<b>3</b> Su	btract line <b>2e</b> from line <b>1</b>		3	
	nounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
	restment expenses not included on Form 990, Part VIII, line 7b			
	her (Describe in Part XIII.)			
	d lines 4a and 4b			
5 To	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. lin (III   Reconciliation of Expenses per Audited Financia	e 12.) I Statements With Expense	5   es ner Return	
i ait A	Complete if the organization answered "Yes" on Form 990, Part	•	co per ricturii.	
4 Tal				
	tal expenses and losses per audited financial statements		1	
	nounts included on line 1 but not on Form 990, Part IX, line 25:	22		
	nated services and use of facilities			
	or year adjustments her losses			
	ner losses her (Describe in Part XIII.)			
	d lines 2a through 2d		2e	
	btract line <b>2e</b> from line <b>1</b>			
	nounts included on Form 990, Part IX, line 25, but not on line 1:			
	restment expenses not included on Form 990, Part VIII, line 7b	4a		
	her (Describe in Part XIII.)			
	d lines <b>4a</b> and <b>4b</b>		4c	
<b>5</b> To	tal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. I			
Part X	III Supplemental Information.	•		
Provide t	he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line 2; Part	XI,
nes 2d a	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		

#### **SCHEDULE 0**

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

MERCY HOUSE, INC.

**Employer identification number** 83-1344245

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PURPOSE IS TO REDIRECT LIVES THROUGH THE SERVICES WE PROVIDE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE BOARD PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST WHEN
ACCEPTING A BOARD POSITION. IN ADDITION, BOARD MEMBERS ARE REQUIRED TO
DISCLOSE SUBSEQUENT CONFLICTS OF INTEREST AS THEY MAY ARISE. THE
ORGANIZATION ENSURES THAT THE APPROPRIATE SIGNED DISCLOSURES ARE ON FILE
AND THAT ANY CONFLICTS ARE DISCUSSED AND VOTED ON BY THE BOARD OR ITS
APPOINTED COMMITEE AND DOCUMENTED IN ACCORDANCE WITH THE CONFLICT OF
INTEREST POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY AVAILABLE FOR INSPECTION UPON REQUEST. THE ORGANIZATION DOES NOT
HAVE FORMAL FINANCIAL STATEMENTS.