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Form	JJU

Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ 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 info

20 **Open to Public**

OMB No. 1545-0047

6 Total number of volunteers (estimate if necessary) 6 29 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 8 Contributions and grants (Part VIII, line 1h) 195,589 261,073 9 Program service revenue (Part VIII, line 2g) 11,413 28,303 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 51,256 80 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 0 0	Inter	nal Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the latest in			Inspection
Address transpe Doing business as 45-2580048 Namee change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number PO Box 1526 904-297-4061 904-297-4061 Application pending PN Box 1526 904-297-4061 Application pending PN Box 1526 PB Box 1526 PO Box 1526, Orange Park, FL, 32067-1526 Hell yea and stress of principal officer: R Park, FL, 32067-1526 Intrac-exempt status: > Sotici(3) Got(c) 4 (insert no.) 4947(a)(1) or Szz Intrac-exempt status: > Sotici(2) Got(c) 4 (insert no.) 4947(a)(1) or Szz Hell yea and status of principal officer: FL Status: > work mercy supports or trust Association Other > L Year of formation: 2012 M State of legal domicile: FL Status: > work mercy supports or trust Association Other > L Year of formation: 2012 M State of legal domicile: FL Status: > Sotici(3) Sotici(4) Association Other > Concervices (MSS) serves the people: of Conclinued on Schedulo 0, Status entisovi disposed of more than 25% of its net ass	Α	For the	e 2017 cale	ndar year, or tax year beginning 01/01 , 2017, and ending	1 <u>2</u> /	/31	, 20 17
Name change Number and street (or P.O. box If mail is not delivered to street address) Room/suite E Telephone number Initial return OB ox 1526 904-297-4061 904-297-4061 Image change City or town, state or province, country, and ZIP or foreign postal code 904-297-4061 904-297-4061 Image change Pol Box 1526, Orange Park, FL, 3206-1526 400 how all subordinates included? Yes No Image change Pol Box 1526, Orange Park, FL 3206-1526 Hig) Ave all subordinates included? Yes No Image change Pol Box 1526, Orange Park, FL 3206-1526 Hig) Ave all subordinates included? Yes No Image change Sofie(X) Sofie(X) Sofie(X) Sofie(X) Sofie(X) Sofie(X) Image change Worksite: Wercy Support Services.org Hig Group exemption number > Hig Group exemption number > Image change Interfly describe the organization 's mission or most significant activities: Mercy Support Services (MSS) serves the people Image change chan	в	Check if	f applicable:	C Name of organization Mercy Support Services Inc		D Employe	r identification number
Image: Structure intervent interven		Address	s change				45-2580048
Find rotum/terminate City or town, state or province, country, and ZIP or foreign postal code C Gross receipts \$ 289,456 Application perful Carnage Park, FL 32067-1526 C Gross receipts \$ 289,456 Application perful FName an address of principal officer: R Patrick Hayle Hejl Status: Soft(k) Soft(k) Soft(k) Hejl Status: Soft(k) Hejl Status: Soft(k) Soft(k) Hejl Status: Soft(k) Hejl Status: Soft(k) Hejl Status: Soft(k) Hejl Status: Soft(k) Soft(k) Soft(k) Soft(k) Soft(k) Hejl Status: Soft(k)		Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite)	E Telephor	ie number
Amended return Orage Park, FL, 32067-1526 g Gross receipts \$ 289,456 Application pending FN ame and address of principal officer: R Park, FL 32067-1526 Hg) is this a group return for subordined? Ves No I Tax-exempt status: Sol(c)(3) Sol(c)(-) (meert no.) 4447(a)(1) or 527 Hf) No." attach a list. (see instructions) J Webste: I- www.mercysupportservices.org Hf) Corcup exemption number I Keen of cregination: Corcup comption number I Keen of cregination: Corcup comption number I I Briefly describe the organization 's mission or most significant activities: Mercy Support Services. (MSS) serves the people in (Continued on Schedule O, Statement 1) Corclay County who are circumstantially in need by providing temporary housing and other services that guide them to (Continued on Schedule O, Statement 1) 3 6 2 Check this box b if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of violunteers (estimate in necessary) . 3 6 3 Total number of violunteers (estimate in necessary) . . 7a 0 4 Number of violunteers (estimate in necessary) . . . <td< th=""><th></th><th>Initial re</th><th>turn</th><th>PO Box 1526</th><th></th><th></th><th>904-297-4061</th></td<>		Initial re	turn	PO Box 1526			904-297-4061
Application pending F Name and address of principal officer: R Patrick Hayle High is this agroup return for aubordinates? Yes No I Tax-exempt status: © 100x 1526, Orange Park, FL 32067-1526 HT No: Ht No: It Tax-exempt status: © 100x 1526, Orange Park, FL 32067-1526 Ht No: Ht No: Tax-exempt status: © 100x 1526, Orange Park, FL 32067-1526 Ht No: Ht No: Tax-exempt status: © 100x 1526, Orange Park, FL 32067-1526 Ht No: Tax-exempt status: © 100x 1526, Orange Park, FL 32067-1526 Yet Torm of organization: Corporation: Other > L Year of formation: 2012 M State of legal deminitie: FL PartII Summary I Briefly describe the organization's mission or most significant activities: Mercy Support Services (MSS) serves the people. of Clay County who are circumstantially in need by providing temporary housing and other services (MSS) serves the people. of Clay County who are circumstantially in need by providing temporary housing and other services (MSS) serves the people. of Clay County who are circumstantially in need by providing temporary housing and other services (MSS) serves the people. of Clay County who are circumstantially in need by providing temporary housing and other services (MSS) serves the people. of Clay County who are circumstantially in need by providing temporary housing and other services (MSS) serves the people. of Clay County who are circumstant		Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
PO Box 1526, Orange Park, FL 32067-1526 H(b) Are all subordinates included? □ Yes □ No 1 Tacexempt status: □ 501(c)(3) □ 501(c)(1) • ((insert no.) □ 4947(a)(1) or □ 527 IT No.* attach a list. Lese instructions) Mebstet: Www.mercysupportservices.org H(b) Are all subordinates included? □ Yes □ No X Form of organization: □ Corporation □ Trust □ Association □ Other ▶ L Year of formation: 2012 M State of legal domicile: FL 2 Tacking Microson The organization's mission or most significant activities: Mercy Support Services (MSS) serves the people of Clay County who are cincumstantially in need by providing temporary housing and other services that guide them to (Continued on Schedule O, Statement 1) 2 Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volumes of the governing body (Part VI, line 1a) 4 6 4 Number of volumes of the governing body (Part VI, line 1a) 5 8 6 Total number of volumes of set setsmate if necessary) 5 6 29 7a Total number of volumeers (estimate if necessary) 7b 0 7b 9 Program service revenue (Part VIII, column A), line 34, and 7d) 51,256		Amende	ed return				
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Wobsite Wave Wave Website Wave Website Wave H(c) Group exemption number ► 1 Briefly describe the organization 1 Trust Association Other ► L Year of formation: 2012 M State of legal domicile: FL 2 Check this box M organization 's mission or most significant activities: Mercy Support Services (MSS) serves the people 2 Check this box If it is firstly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 6 4 Number of volunteers (estimate if necessary) 5 8 6 6 Total number of volunteers (estimate if necessary) - 7a 0 7a Total number of volunteers (estimate if necessary) - 7a 0 9 Program service revenue (Part VIII, line 2g) - 7a 0 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 0 13 Garats and similar amounts paid (Part IX, column (A), lines 1				PO Box 1526, Orange Park, FL 32067-1526	- ` '		
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	Sset	20					
	let A Ind E	21					· · · ·
	-					128,688	81,384

Dignature DIOCK

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

Sign Here	Signature of officer <u> R Patrick Hayle, Executive Director,</u> Type or print name and title	/CEO		Date		
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN P01509779
Use Only	Firm's name Dufresne CPA Service	es PA		Firm's	EIN ►	59-3234057
	Firm's address ► 385 Stiles Avenue, Ora	ange Park, FL 32073		Phone	eno. 9	04-278-8980
May the IRS	discuss this return with the preparer s	shown above? (see instructions)				. 🖌 Yes 🗌 No
	ul Deduction Act Nation and the concern	to instructions	L NL 440001/			Earm 000 (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	D (2017) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Mercy Support Services (MSS) serves the people of Clay County who are circumstantially in need by providing temporary housing and other services that guide them to self-sufficiency. MSS call center provides the connection of an active network of compassion-hearted people and organizations to the people of Clay County.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$109,626 including grants of \$0) (Revenue \$24,027) Temporary supportive housing provided to the families enrolled in Mercy Support Services' Self-Sufficiency Program
4b	(Code:) (Expenses \$88,863 including grants of \$0) (Revenue \$0) Case Management consisting of assistance with social service needs, job readiness, budgeting and personal finances
	(Code:) (Expenses \$52,914 including grants of \$) (Revenue \$4,256) Resource/Referral Call Center-Clay County residents call in and are referred to organizations that are able to assist them with their specific needs from housing, employment, transportation, child-care, financial savvy and budgeting, physical and mental health services, food and clothing. MSS also responds with help from the designated funds MSS administers.
4d 4e	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 251,403
_	- 000 mm

	0 (2017)			Page 3
Part	V 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		~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	~	~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
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? <i>If "Yes," complete Schedule C, Part II</i> .	4		~
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? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		r
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9	~	
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 \therefore	10		~
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	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
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? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		~
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		~
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Part X</i> .	11f		~
b	Schedule D, Parts XI and XII	12a	~	
13	"Yes," and if the organization answered "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	12b 13		レ レ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	~	
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		~
				<u> </u>

Form **990** (2017)

	0 (2017)			Page 4
Part	V Checklist of Required Schedules (continued)		N	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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		~
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		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		r
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 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		~
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? <i>If "Yes," complete Schedule L, Part I</i> .	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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 b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		~ ~
с	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<i>v</i>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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? <i>If "Yes," complete Schedule R,</i>			
38	<i>Part VI</i>	37		~
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
		Forr	n 990	(2017)

Form 99	0 (2017)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			~
	····· ,	4a		•
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
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		~
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		
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?	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	55		
a	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 . 10b			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. 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			
C	Enter the amount of reserves on hand	4.6		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form 99	0 (2017)			F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				~
Secti	on A. Governing Body and Management				
4 -		. .		Yes	No
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 in Schedule O.	<u>1a 6</u>			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	1b 6 relationship with .	2		~
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or oth		3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		~
5	Did the organization become aware during the year of a significant diversion of the organizati	on's assets? .	5		~
6 70	Did the organization have members or stockholders?		6		~
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		~
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	l by) members,	7a 7b		~
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:		75		
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> (9		~
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue Co		
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		~
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		10b 11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-	114	•	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		~
14			14		~
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
a	The organization's CEO, Executive Director, or top management official		15a		~
b	Other officers or key employees of the organization		15b		~
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	•	16a		~
h	If "Yes," did the organization follow a written policy or procedure requiring the organizatio		Tua		
D	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
Secti	on C. Disclosure				I
17 18	List the states with which a copy of this Form 990 is required to be filed ► FL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	and 990-T (Section	n 501(c)(3)s	only)
19	□ Own website □ Another's website □ Upon request □ Other <i>(explain in Sc</i> Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of inte		-	/, and
20	State the name address, and telephone number of the person who persones the ergenizati	on's books and re-	aarda		

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► R Patrick Hayle, (904)297-4061

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

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

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 organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average	•				e than o is both		Reportable	Reportable	Estimated
	hours per week (list any	office				or/trust	ee)	compensation from	compensation from related	amount of other
	hours for	ord	Ins	Officer	Kej	Hig	Former	the	organizations	compensation
	related	ividu direc	titut	icer	Key employee	hes [;] ploy	mer	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ot or	iona		oldt	ee	.	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	tru		yee	npe				organizations
		ee	Institutional trustee			Highest compensated employee				
			-			ed				
Davi Daari Dalaa	2							-		
Rev Pearl Boles	2	~								
Director		•						0	0	0
Rev Andre Van Heerden	2	~								
Director	0	•						0	0	0
Patrick Hayle	40	~				~		10 110		
CEO	0	•				•		48,440	0	0
Joelle Marquis	2			~					0	0
Secretary Michael Serie	0			•				0	U	0
Michael Serig Chairman	2 0			~				0	0	0
Robert Cowie	2			•				0	U	0
Vice Chairman	0			~				0	0	0
Janice Martin	6			•				0	0	0
Treasurer	0			~				0	0	0
	0			•				0	0	0
]							

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees	(contin	nued)		
					(0	C)								
	(A)	(B)				ition			(D)	(E)			(F)	
	Name and title	Average					e than o is both		Reportable	Reportal	ole		Estimated	
		hours per					or/trust		compensation	compensatio	n from		amount of	
		week (list any		-	1	1	1	ŕ	from	related		_	other	
		hours for related	r div	stit	Officer	ey e	npl	Form	the	organizati (W-2/1099-I		С	ompensati from the	on
			ect	utio	er) mp	est o	Ē	(W-2/1099-MISC)	(** 2/10001	vii00)		organizatio	n
		organizations 000 minor 000 minor<		and related										
		line)	Jste	trus		e	per					C	organizatio	ns
			ď	stee			Isat							
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			1											
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			-											
			-											
		Τ]											
		+	1											
		+	-											
		+	-											
			-											
1b	Sub-total								48,440		0			0
с	Total from continuation sheets to Part	VII, Sectio	n A											
d	Total (add lines 1b and 1c) .								48,440		0			0
2							ahove	-) w		ore than \$1		0 of		
-			100	1030	, 1131	cu	above	<i></i>			100,00	0 01		
	reportable compensation from the organ								0					1
2	Did the exception list any former of	ficar direc	tor	+		~~	kov		alawaa ar high	aat aama	nnata		Yes	No
3													-	
												-	3	~
4														
	organization and related organizations	greater that	an \$1	150,	000)? [f "Ye	s,"	complete Sch	edule J fo	or suc	h		
	individual												4	~
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	/ un	related organiz	ation or in	dividu	al 🗌		
													5	V
Sectio	on B. Independent Contractors	, -	,										-	· •
<u>3ecuc</u> 1		oomponoot	odina	don	000	ont	oont-	act	ore that reashing	d mora the	n ¢10		0 of	
	, , , ,													av
		Joir compe	1154110		וויט		alenu	ar y	year enumy wit			yanı		ax
	year.													
	(A)							1	(B)		1		(C)	

	(A) Name and business address	(B) Description of services	(C) Compensation
None			
2	Total number of independent contractors (including but not limited to	those listed above) who	
	received more than \$100,000 of compensation from the organization \blacktriangleright	0	

Form **990** (2017)

Form 990 (2017)
Part VIII

Statement of Revenue

Total. Add lines 11a-11d .

Total revenue. See instructions.

е

12

Check if Schedule O contains a response or note to any line in this Part VIII **(C)** Unrelated business (D) Revenue excluded from tax (A) Total revenue **(B)** Related or exempt function revenue revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a 0 b Membership dues . . . 1b 0 Fundraising events . . . 1c С 65,482 d Related organizations . . . 1d 0 Government grants (contributions) е 1e 777 All other contributions, gifts, grants, f and similar amounts not included above 1f 194,814 Noncash contributions included in lines 1a-1f: \$ 0 g Total. Add lines 1a-1f . . h ► 261,073 Program Service Revenue **Business Code** 2a Rental Income 624229 24,047 24,047 0 0 b 0 Fees from providing services 624310 4,256 4,256 0 С _____ d е f All other program service revenue . 0 0 0 0 g Total. Add lines 2a-2f. ► 28,303 3 Investment income (including dividends, interest, and other similar amounts) 80 80 0 0 4 Income from investment of tax-exempt bond proceeds 0 0 0 0 5 Royalties 0 0 0 ► 0 (i) Real (ii) Personal Gross rents . . 0 0 6a Less: rental expenses 0 0 b С Rental income or (loss) 0 0 d Net rental income or (loss) ► 0 0 0 0 . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 0 0 b Less: cost or other basis and sales expenses . 0 0 Gain or (loss) . С 0 0 d Net gain or (loss) ► 0 0 0 0 Other Revenue 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 0 а Less: direct expenses b b 0 С Net income or (loss) from fundraising events ► 0 0 0 9a Gross income from gaming activities. See Part IV, line 19 а Less: direct expenses b b Net income or (loss) from gaming activities . ► С 10a Gross sales of inventory, less returns and allowances . . . а b Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . ► С Miscellaneous Revenue **Business Code** 11a b С All other revenue d

►

►

.

0

28,383

289,456

0

0

	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		L
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	48,440	37,299	6,297	4,84
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	
7	Other salaries and wages	80,616	61,260	388	18,96
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	01,200	0	10,70
9	Other employee benefits	1,222	0	1,222	
10	Payroll taxes	8,942	3,852	3,854	1,23
11 a	Fees for services (non-employees): Management	16,800	16,800	0	
b	Legal	0	0	0	
с	Accounting	3,563	0	3,563	
d		0	0	0	
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,539	1,164	96	1,27
12	Advertising and promotion	27,966	57	0	27,90
13	Office expenses	24,725	17,649	1,626	5,45
14	Information technology	0	0	0	
15	Royalties	0	0	0	
16	Occupancy	85,408	78,001	2,326	5,08
17		1,122	688	264	17
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings	0	0	0	
20		0	0	0	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	21,339	21,339	0	
23 24	Insurance	14,078	13,294	784	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b					
D C					
d					
e	All other expenses	0	0	0	
25	Total functional expenses. Add lines 1 through 24e	336,760	251,403	20,420	64,93
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		201,700	20,720	

Form 990 (2017)

	n 990 (2 art X	•			Page 11
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing	21,325	1	188,738
	2	Savings and temporary cash investments	82,035	2	5,555
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	-3,000	4	20,961
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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			
ets	_		0	6	0
Assets	7	Notes and loans receivable, net	830	7	830
4	8	Inventories for sale or use	0	8	0
	9 10a	Prepaid expenses and deferred charges	10,472	9	5,745
	b	Less: accumulated depreciation 10b 171,539	597,444	10c	507,328
	11	Investments-publicly traded securities	0	11	507,320
	12	Investments – other securities. See Part IV, line 11	0	12	
	13	Investments – program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	709,106	16	729,157
	17	Accounts payable and accrued expenses	10,800	17	6,700
	18	Grants payable	0	18	0,100
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	142,018
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
lab		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	569,618	23	499,055
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25	580,418	26	647,773
ces		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
llan	27	Unrestricted net assets	128,688	27	-63,045
r Fund Balances	28	Temporarily restricted net assets	0	28	144,429
	29	Permanently restricted net assets	0	29	0
Net Assets or	30	Capital stock or trust principal, or current funds		30	
šet:	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let ,	33	Total net assets or fund balances	128,688	33	81,384
Z	34	Total liabilities and net assets/fund balances	709,106	34	729,157
	10-1		707,100		129,15

Form **990** (2017)

	0 (2017)			Pa	ige 1 2
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28	9,45
2	Total expenses (must equal Part IX, column (A), line 25)	2		33	6,76
3	Revenue less expenses. Subtract line 2 from line 1	3		-4	7,30
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12	8,68
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		8	1,384
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Control Conter				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were complete	led 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	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c		V
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fe	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au				1

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization	
Mercy Support Service	es Inc

Employer identification number

45-2580048

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 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 university:
- 10 ✓ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.
 - **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.
 - 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.
 - d 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.
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedu Pari	ule A (Form 990 or 990-EZ) 2017 Support Schedule for Organiza (Complete only if you checked th						-
	Part III. If the organization fails to						
Sect	ion A. Public Support			<i>/</i> 1		,	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
	ion B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 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						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th	•			· ·		
Saat	organization, check this box and stop he ion C. Computation of Public Suppor						🕨 🗋
<u>3ect</u> 14	Public support percentage for 2017 (line 6			1 column (f)		14	%
15 16a	Public support percentage for 2017 (inter 33 ¹ / ₃ % support test — 2017. If the organi box and stop here. The organization qua	nedule A, Part zation did not	II, line 14 . check the box	 x on line 13, ar	 nd line 14 is 3	15 3 ¹ /3% or more,	% check this
b	331 /3% support test—2016. If the organi this box and stop here. The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst	ances" test, ch	neck this box	and stop here	Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the factor	ne "facts-and-o ts-and-circum	circumstances' stances" test.	" test, check The organizat	this box and sion qualifies as	stop here. a publicly

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

18

Schedule A (Form 990 or 990-EZ) 2017

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.)

Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (c) 2016 (c) 2017 (f) Total 1 Gits, gams, contribution, and membrahip loss 33.200 271.863 197.867 206.847 246.608 1.006.385 3 Gross receipts from admixings mechanisms 1.990 3.200 9.063 28.303 42.556 3 Gross receipts from admixings that are not an unrelated frade or buisness mechanisms 1.990 3.200 9.063 28.303 42.556 3 Gross receipts from admixing that are not an unrelated frade or buisness under section 513 8.583 0 0 8.583 4 Tax revenues level services, or facilities for maint included on lines 1, 8, and 3 received from disqualified persons. 83.200 273.853 209.650 215.910 274.911 1.057.524 7 Amounts included on lines 2, and 3 received from disqualified persons. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <th>Secti</th> <th>on A. Public Support</th> <th></th> <th></th> <th>* •</th> <th>•</th> <th>,</th> <th></th>	Secti	on A. Public Support			* •	•	,	
exceeded. Do not include any 'unusal grants.') 83.200 277,863 197,867 206,847 246.608 1,000.385 2 Gross receipts from admissions, mechandles furnished in any activity that is related to the or expended on its behalt and either paid to or expended on its behalt and for and expended persons that exceed the greater of \$5,000 or 1% of the amount on its 15 or the year to be abound to its 15 or the year to be abound to its 15 or the year to expende from its exceed to greater of \$5,000 or exceed the greater of \$5,000 or exceed	Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2 Cross recipts from admission, merchandies soft or sevices performations there and on the propert. 1000000000000000000000000000000000000	1	Gifts, grants, contributions, and membership fees						
a odd or services performed, or facilities furnished in any activity his related to the organization's ter-wempt purpose		received. (Do not include any "unusual grants.")	83,200	271,863	197,867	206,847	246,608	1,006,385
Iminibility of a maxempropee 1,990 3,200 9,063 28,300 42,556 3 Gross receipts from activities that are not an unrelated trade or buines under section 513 8,583 0 0 8,583 4 Tax revenues levided for the organization's banefit and either paid to the organization without charge 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2							<u> </u>
a Gross-respired row this share not an unrelated trade or business under section 513 1,990 3,200 9,063 28,303 42,556 4 Tax revenues levide for the or expended on its behaft 0 0 0 8,583 0 0 8,583 4 Tax revenues levide for the or expended on its behaft 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		furnished in any activity that is related to the						
3 Gross receipts form activities that are not an unrelated thad or bulnes under section 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1,990	3,200	9,063	28,303	42,556
4 Tax revenues levied for the organization's benefit and either paid to or expended on its benefit and either paid to or expended on its behalf	3					,		
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td< th=""><td></td><td>unrelated trade or business under section 513</td><td></td><td></td><td>8,583</td><td>0</td><td>0</td><td>8,583</td></td<>		unrelated trade or business under section 513			8,583	0	0	8,583
or expended on its behalf 0 0 0 5 The value of services or facilities furnished by a governmental unit to the organization without charge	4	Tax revenues levied for the						
or expended on its behalf 0 0 0 5 The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid to						
5 The value of services or facilities furnished by a governmental unit to the organization without charge		•				0	0	0
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Schedule A (Form 990 or 990-EZ) 2017

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 (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

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 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? 11a 11a b A family member of a person described in (a) above? 11b 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Yes Yes Yes

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- Yes No
 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
- the organization maintained a close and continuous working relationship with the supported organization(s).
 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

1

2

2

3

2a

2b

3a

3b

Yes No

Page 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

tegrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	t on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	ons must complete Sectio	ns A through E.
		(B) Current Year

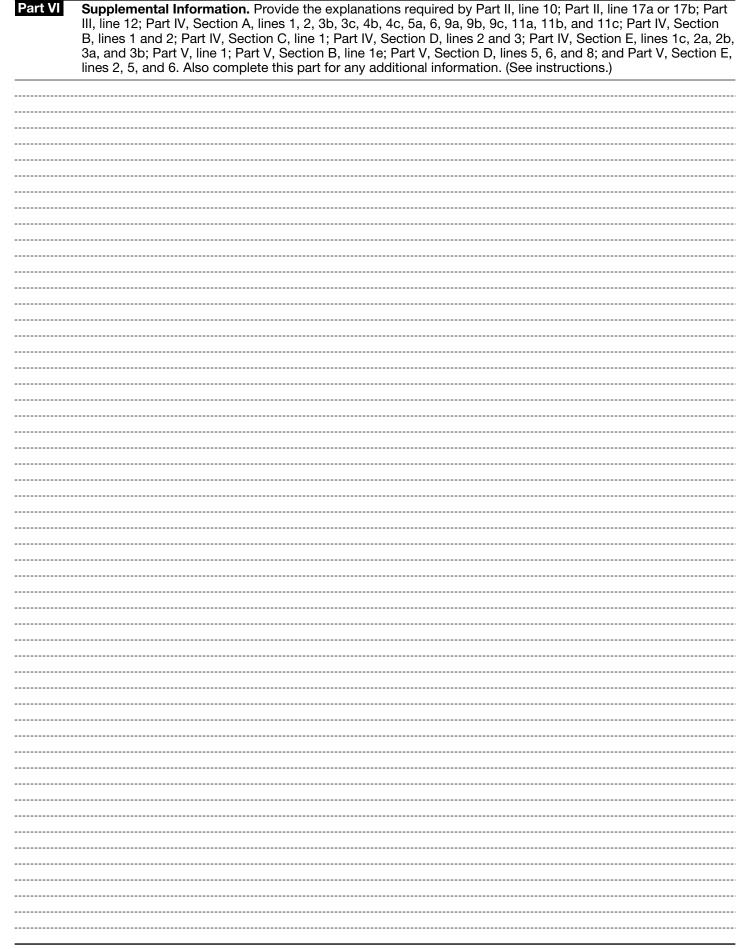
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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 have if the summer user is the summination's first as a new functional	- المعالية		las superination (

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

	le A (Form 990 or 990-E2) 2017			Page
Part		b) Supporting Organi	zations (continued)	Current Veer
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
 h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
4	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2017 distributions of phot years			
c	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
<u>с</u>	Excess from 2015			
	Excess from 2016			
~	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017



SCHEDULE	D
(Form 990)	

Department of the Treasury

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
2017
Open to Public Inspection

Internal	Revenue Service	Go to www.irs.gov/Form	990 for instructions and the latest inform	mation.	Inspection
Name o	of the organization			Employer ide	ntification number
Mercy	Support Service				45-2580048
Par			ised Funds or Other Similar Fun		ounts.
	Comple	ete if the organization answered '	'Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) F	unds and other accounts
1	Total number a	at end of year			
2	Aggregate valu	ue of contributions to (during year)			
3	Aggregate valu	ue of grants from (during year) .			
4	Aggregate valu	ue at end of year			
5	Did the organ	ization inform all donors and donor	advisors in writing that the assets h	eld in dono	r advised
	funds are the o	organization's property, subject to th	e organization's exclusive legal contro	ol?	· · · 🗌 Yes 🗌 No
6	Did the organi	zation inform all grantees, donors, a	nd donor advisors in writing that grai	nt funds car	n be used
			fit of the donor or donor advisor, or f		
					· · · 🗌 Yes 🗌 No
Par		rvation Easements.			
	Comple	ete if the organization answered '	'Yes" on Form 990, Part IV, line 7.		
1		conservation easements held by the			
			tion or education) 🗌 Preservation o		
		of natural habitat	Preservation o	f a certified	historic structure
		on of open space			
2			eld a qualified conservation contribution	on in the form	
		he last day of the tax year.			Held at the End of the Tax Year
а					
b	•	-	S		
c			nistoric structure included in (a)		
d			(c) acquired after 7/25/06, and not		
•		•			
3	tax year ►	iservation easements modified, trans	sferred, released, extinguished, or terr	minated by t	ne organization during the
4		tes where property subject to conse	rvation easement is located		
5			garding the periodic monitoring, ins	nection ha	ndling of
Ũ			sements it holds?		
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation	easements during the year
	▶				
7		enses incurred in monitoring, inspectir	g, handling of violations, and enforcing	conservatior	easements during the year
-	▶\$				
8			2(d) above satisfy the requirements of		
-	and section 17				· · · · · Yes · No
9			conservation easements in its revenue		
		accounting for conservation easeme	of the footnote to the organization's fir	iancial state	ments that describes the
Par	-	-	s of Art, Historical Treasures, or	Othor Sim	ailar Accata
Fai	-	-	Yes" on Form 990, Part IV, line 8.		IIIdi A55015.
1a			AS 116 (ASC 958), not to report in its		atement and halance sheet
iu	0	· ·	assets held for public exhibition, ed		
			ootnote to its financial statements that	,	
b	•	•	FAS 116 (ASC 958), to report in its		
~	works of art,	historical treasures, or other similar	assets held for public exhibition, ec		
		provide the following amounts relat	-		
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			► \$
_					
2			historical treasures, or other similar		tinancial gain, provide the
	-		FAS 116 (ASC 958) relating to these it		• •
a	Revenue inclu	ded on Form 990, Part VIII, line 1 .			► \$
b	Assets include	ed in Form 990, Part X			► <u></u> \$

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

Schedu	le D (Form 990) 2017								Page 2
Part	Organizations Maintaining	Collections of	Art, His	torical T	Freasures,	or Ot	her Similar A	Assets (cor	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther reco	rds, chec	k any of the	e follov	ving that are a	significant	use of its
а	Public exhibition		d	🗌 Loan	or exchang	e progi	rams		
b	Scholarly research		е	🗌 Othei	-				
с	Preservation for future generations								
4	Provide a description of the organizati XIII.	ion's collections	and expla	ain how t	hey further	the org	anization's exe	empt purpos	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								5 🗌 No
Part	Escrow and Custodial Arra	ngements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, F	Part IV, line	9, or	reported an a	amount on	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?			-					5 🗹 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:				
								Amount	
С	Beginning balance					1c	:		
d	Additions during the year					1d			
е	Distributions during the year					1e	•		
f	Ending balance					1f			
2a	Did the organization include an amoun							•	
	If "Yes," explain the arrangement in Pa	art XIII. Check her	re if the ex	kplanatio	n has been	provide	ed on Part XIII		~
Par									
	Complete if the organization								
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years ba	ack (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	ne current year er	nd balanc	e (line 1g	, column (a)) held a	as:		
а	Board designated or quasi-endowmen	it 🕨	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	e possession of th	he organi	zation that	at are held a	and ad	ministered for		
	organization by:								es No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	0				• • •		. 3b	
4	Describe in Part XIII the intended uses	-	on s endo	winent fi	unus.				
Part			" on E	m 000 r	Dort IV 11	. 11			no 10
	Complete if the organization								
	Description of property	(a) Cost or o (investm			or other basis ther)		Accumulated epreciation	(d) Book	value
1a	Land		88,000		0				88,000
b	Buildings		590,867		0		171,539		419,328
С	Leasehold improvements		0		0		0		0
d	Equipment		0		0		0		0
e	Other		0		0		0		0
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part X	K, columr	n (B), line 10	с.)	🕨		507,328

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part	IV line 11h See I	Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial			
(2) Closely-1 (3) Other	ield equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	o) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
			Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
	o) 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 11d. See I	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. ►
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f	. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (a) must aqual Farm 000 Dart V and /D) ling 05 1		
i otal. (Column (l	o) must equal Form 990, Part X, col. (B) line 25.) 🕨		

2. Liability for uncertain tax positions. 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

	le D (Form 990) 2017			Page 4
Part			r Return.	-
	Complete if the organization answered "Yes" on Form 990, F			
1	Total revenue, gains, and other support per audited financial statements		1	289,456
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments		D	
b	Donated services and use of facilities		<u>D</u>	
С	Recoveries of prior year grants		<u>D</u>	
d	Other (Describe in Part XIII.)		0	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	289,456
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a L	Investment expenses not included on Form 990, Part VIII, line 7b		<u>0</u>	
b	Other (Describe in Part XIII.)			
с 5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 1</i>		4c 5	0
Part		-	-	289,456
rari	Complete if the organization answered "Yes" on Form 990, F			
1	Total expenses and losses per audited financial statements		1	336,760
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	550,700
a	Donated services and use of facilities	2a	D	
b	Prior year adjustments		<u> </u>	
c	Other losses		<u> </u>	
d	Other (Describe in Part XIII.)	-		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	336,760
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a (0	
b	Other (Describe in Part XIII.)	4b (D	
С	Add lines 4a and 4b		4c	0
5 Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	e 18.)	5	336,760
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t lule D, Part IV, Line 2b - MSS is administering donated funds to assist persons v	to provide any additional i	nformation.	e 4; Part X, line

		••	-	ormation Regarding Fundraising or Gaming Activities ization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the					
-	990 OF 990-EZ)	organization ent	ered more tha		2017				
Department of the Treasury Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions. Go to www.irs.gov/Form990 for the latest instructions. 						Open to Public Inspection			
lame of	the organization					Employer identif	ication number		
Mercy	Support Services Inc					45	-2580048		
Part	Fundraising Ac	tivities. Complete if t	he organiz	ation answ	vered "Yes" on F	Form 990, Part IV	, line 17.		
	Form 990-EZ file	ers are not required to	o complete	this part.					
1	Indicate whether the or	ganization raised funds	through any	/ of the follo	owing activities. C	heck all that apply.			
а	Mail solicitations		e	Solicitati	on of non-govern	ment grants			
b	Internet and email s	solicitations	f	Solicitati	on of government	grants			
С	Phone solicitations		g	Special f	fundraising events	;			
d	In-person solicitation								
2a		ave a written or oral agre							
		d in Form 990, Part VII) o	-		-	-			
b		hest paid individuals or \$5,000 by the organization	•	draisers) pu	ursuant to agreem	ents under which t	he fundraiser is to b		
	(i) Name and address of individ or entity (fundraiser)	dual (ii) Activity	custody of	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1									
-									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total				🕨					
3	List all states in which	the organization is regi	stared or lic	oncod to c	olicit contribution	e or has been notif	ind it is exempt from		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			Gala			(add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	54,969			54,969		
ш	2	Less: Contributions	0			0		
	3	Gross income (line 1 minus						
		line 2)	54,969			54,969		
	4	Cash prizes	0			0		
lses								
	5	Noncash prizes	0			0		
	6	Rent/facility costs	1,640			1,640		
Direct Expenses	7	Food and beverages	5,287		0	5,287		
Direc	8	Entertainment	0		0	0		
	9	Other direct expenses .	6,307			6,307		
	10	Direct expense summary. Add lines 4 through 9 in column (d)						
	11	Net income summary. Subtrac	t line 10 from line 3, colu	umn (d)	🕨	41,735		

than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	□ Yes% □ No	□ Yes% □ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in co	olumn (d) . . .		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 						
10		Were any of the organization's g f "Yes," explain:	-		ated during the tax year	

Schedu	ile G (Form 990 or 990-EZ) 2017 Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Image: Constraint of the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Image: Constraint of the organization of the organi
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility 13a An outside facility 13a Moutside facility 13b
	Name ►
	Address ►
	revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
	Name 🕨
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation \$
	Description of services provided
	Director/officer Employee Independent contractor
17 а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G (Form 990 or 990-EZ) 2017

(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.				
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection		
Name of the organization		Employer identification number		
Mercy Support Service	es Inc	45-2580048		
Form 990, Part III, Line	2 - Recovering Clay initiative: Recovering Clay is a program designed to respon	nd to the immediate and long-term		
	ay County who were impacted by Hurricane Irma. These families had no flood ir			
and had exhausted all	other sources of funds including FEMA. Designated funding was obtained during	ng fiscal 2017 but no expenses were		
allocated to the progra	am during that fiscal year.			
Form 990, Part VI, Sec	tion B, Line 11b - The Board of Directors reviews the return for accuracy and co	mpleteness at a regularly scheduled		
	advises the property that it is approved to be filed			
Form 000 Dart VI Soo	tion C, Line 19 - The organization does not make its governing documents, conf	list of interact policy or financial		
	e the public but are available upon request			

Supplemental Information to Form 990 or 990-EZ

SCHEDULE O

I

OMB No. 1545-0047

Schedule O, Statement 1

Form: Form 990 (2017)

Page: 1

Activity Or Mission Description

Mercy Support Services Inc EIN: 45-2580048

Part I, Line 1

Description

self-sufficiency. MSS call center provides the connection of an active network of compassion-hearted people and organizations to the people of Clay County.