Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

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

2009 Open to Public

		000	The organization may have to doe a copy of this rotain to satisfy sta	10 10 00 111119 10 9		mspection
			year, or tax year beginning , and ending			
	Check if applica	uco IDC	C Name of organization		D Empl	oyer identification number
	Address change	e label or	Mercy-USA For Aid & Development,	,Inc		
	Name change	print or	Doing Business As		38-	-2846307
$\Box$	Initial return	type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		hone number
$\equiv$		See Specific	44450 Pinetree Drive	201	734	<u>-454-0011</u>
Ш	Termination	Instruc-	City or town, state or country, and ZIP + 4		<b>G</b> Gross red	ceipts\$ 6,156,289
	Amended return	n tions.	Plymouth MI 481703869			
	Application pen	nding F Nam	e and address of principal officer:		H(a) Is this	a group return for
					affilia	tes? Yes X No
					H(b) Are a include	ll affiliates Yes No
					If "No	," attach a list. (see instructions)
ī	Tax-exempt	status: X	501(c) ( <b>3</b> ) <b>◄</b> (insert no.) 4947(a)(1) or 527			
			nercyusa.org		H(c) Grou	p exemption number
_		zation: X Co		Year of formation: $oldsymbol{1}$		M State of legal domicile: MI
	art I	Summa				<u>g</u>
			the organization's mission or most significant activities:			
ø			A is dedicated to alleviating human suffering	g and sur	porti	າα
n c			als and their Communities in their own effor			
Ľ			ficient.	CB. CC. DCC		7
Governance			if the organization discontinued its operations or disposed of more that			
ŏ						6
<b>ფ</b>	3 Num	ber of votin	g members of the governing body (Part VI, line 1a)		3	<u>6</u> 6
Activities &			pendent voting members of the governing body (Part VI, line 1b)		1 _ 1	_
Ξ̈́			employees (Part V, line 2a)			4
Ac			volunteers (estimate if necessary)			25
			lated business revenue from Part VIII, column (C), line 12			
	<b>b</b> Net u	unrelated b	usiness taxable income from Form 990-T, line 34			0
				Prior Yea		Current Year
ne ne	8 Cont	ributions ar	d grants (Part VIII, line 1h)	4,89		6,120,849
Revenue			revenue (Part VIII, line 2g)		9,692	600
Şe	10 Inves	stment inco	me (Part VIII, column (A), lines 3, 4, and 7d)		3,591	34,714
_			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,691	126
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,966		6,156,289
	13 Gran	nts and simi	ar amounts paid (Part IX, column (A), lines 1–3)	283	L,907	591,913
			or for members (Part IX, column (A), line 4)			
es	15 Sala	ries, other o	compensation, employee benefits (Part IX, column (A), lines 5–10)	872	2,323	1,015,833
, u	16aProfe	essional fur	draising fees (Part IX, column (A), line 11e)			
Expenses	<b>b</b> Tota	l fundraisin	compensation, employee benefits (Part IX, column (A), lines 5–10) draising fees (Part IX, column (A), line 11e) g expenses (Part IX, column (D), line 25) ▶ 157,408			
ш		er expenses	(Part IX, column (A), lines 11a–11d, 11f–24f)	3,629	9,494	4,200,909
	18 Tota	l expenses.	Add lines 13–17 (must equal Part IX, column (A), line 25)	4,783	3,724	5,808,655
	<b>19</b> Reve	enue less e	cpenses. Subtract line 18 from line 12	182	2,717	347,634
Net Assets or Fund Balances				Beginning of Cur		End of Year
set	<b>20</b> Tota	l assets (Pa	rt X, line 16)		0,892	3,828,686
A A	<b>21</b> Tota		Part X, line 26)		5,150	335,310
Ž	<b>22</b> Net a	assets or fu	nd balances. Subtract line 21 from line 20	3,145	5,742	3,493,376
P	art II	Signatu	re Block			
		Under pena	ties of perjury, I declare that I have examined this return, including accompanying sched	dules and stateme	nts, and to	the best of my knowledge
		and belief, i	is true, correct, and complete. Declaration of preparer (other than officer) is based on a	II information of w	hich prepare	er has any knowledge.
Sig	gn					
He		Signatu	re of officer		Date	)
				dent &	CEO	
			print name and title	-		
			Date	Check	if	Preparer's identifying number
Pa	id	Preparer's signature		self-		(see instructions)
Pre	eparer's	Jigilature	Non C. Young S. Aggediated P.			P00151934
	e Only	Firm's name		<u>.</u>	EIN	
	,	if self-emplo			Phone	
		address, an	Decrete, Hr 10202		no.	<u> 313-873-7500</u>
Ma	y the IRS d	iscuss this	return with the preparer shown above? (see instructions)			X Yes No

DAA

Part III Statement of Program S		ts	
1 Briefly describe the organization's mission Mercy-USA is dedicated individuals and their self-sufficient.	l to alleviating		
2 Did the organization undertake any signific	cant program services during t	he year which were not listed on	
th		•	Yes X No
If "Yes," describe these new services on S			
3 Did the organization cease conducting, or	make significant changes in he	ow it conducts, any program	
services?			Yes X No
If "Yes," describe these changes on Schee	dule O.		
4 Describe the exempt purpose achievement	_		
		sts are required to report the amount of gra	nts and
allocations to others, the total expenses, a	and revenue, if any, for each pr	ogram service reported.	
4a (Code: ) (Expenses \$ 4, Health Services - The through education, imm sanitation and other por funding of clinics, improvement, rehabilit infrastructure; and the medical equipment to health.	nunization, nutro preventative mean hospitals, and ation and renovation of	individual and communition support, safe wasures. It also included the care invation of the existing medicines, medical subjects	nity health water, hygiene, udes the operation nstitutions; y health care
·			
Food, Shelter & Orphar shelter, winterization	n Assistance - : n materials, and sistance include	d necessary household es specific projects o	types of food and and and personal
• • • • • • • • • • • • • • • • • • • •			
•			
4c (Code: ) (Expenses \$ Education - The improvement of the improvement	rement of attend s, through daily of school build ng schools. Add	y school lunch program lings, as well as repa litionally, the provis	formance, ms. It also airs and sion of vocational
4d Other program services. (Describe in Scho	edule O.)		
(Expenses \$ 184,222 in		) (Revenue \$	)
4e Total program service expenses ▶			,
•			Form <b>990</b> (2009)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7.7
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			₹.
40	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		х
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	х	
_	VII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11	Λ	
	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			3,5
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.		v
	If "Yes," complete Schedule G, Part III	19	-	X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

	Did the executed in years then \$5 000 of events and all an existence to events and events.		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
,		21	Λ	
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		X
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Λ
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		Λ
ta	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	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	240		
C		24c		
4	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		240		
а	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		v
<b>h</b>	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ט	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	051		v
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
i	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			37
	If "Yes," complete Schedule L, Part III	27		X
3	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):			
3	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
}	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	_	X
i	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	D 43/1	37		X
	i dit vi			
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			

Form **990** (2009)

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	11			
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 argaming (gambling) winnings to prize winners?	nd repo	ortable	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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns	s?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	(see				
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year co	vered	by			
	this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a		X
				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o		-			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er finar	ncial		v	
h	16 60/2 - " and and the same of the familiar and the Cook Cahodulo O				X	
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fore					
	and Financial Accounts.	eigii Da	al IK			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ar?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra					Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Prohibited Tax Shelter Transaction?	_	-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contri	butions	s or			
				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					
<b>L</b>	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		-
b c	Did the organization notify the donor of the value of the goods of services provided?					
C	required to file Form 92922	it was		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums or		rsonal			
	benefit contract?	-		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	contrac	t?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requi	red?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10	98-C a	as			
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor					
•	organization, have excess business holdings at any time during the year?			8		
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		041?	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			000	(2000

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

						Yes	No
1a	Enter the number of voting members of the governing body	1a	6	5			
b	Enter the number of voting members that are independent	1b	6	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 v	vas fil	ed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X

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

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

#### **Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, IL, MI, NJ
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
  - X Own website X Another's website X Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Umar-Al-Qadi 44450 Pinetree Dr.,Ste 201

734-454-0011

Plymouth

# 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. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key 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 the organizati	on did not com	pens	ate	any	curr	ent c	ffice	r, director, or trustee.		
(A) Name and Title	(B) Average	Posi	tion (		C) k all	that a	apply)	<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Ms. Iman ElKadi Chairperson	1.00	x		х				0	0	0
Mr. Hassan Amin	1.00	22		22					<u> </u>	
Board Member	1.00	X						0	0	0
Ms. Hoda Badr								-	-	-
Board Member	1.00	X						0	0	0
Dr. Ali El-Mensh										
V. Chairperson	1.00	X		X				0	0	0
Mr. Naushad Virj									•	•
Treasurer Mr. Melvin Bilal	1.00	X		X				0	0	0
Board Member	1.00	х						0	0	0
Umar al-Qadi Pres./CEO	40.00			x				72,120	0	5,409
Anas Alhaidar CFO	40.00			x				69,000	0	1,200
										-

Form 990 (2009) Mercy-USA  Part VII Section A. Officers									6307 ted Employees (continued)	Page 8
(A)  Name and Title	(B) Average			((	C)	that a		(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1b Total							<b>•</b>	141,120		6,609
2 Total number of individuals (i reportable compensation from	J			to th	ose	liste	d ab	pove) who received more t	han \$100,000 in	
										Yes No
3 Did the organization list any f employee on line 1a? If "Yes,										3 X
4 For any individual listed on lir	ne 1a, is the su	m of	repo	ortab	le c	ompe	ensa	ation and other compensa	tion from	
the organization and related of individual										4 X
5 Did any person listed on line services rendered to the orga	1a receive or a	ccru	е со	mpe	nsa	tion f	rom	any unrelated organization	n for	
Section B. Independent Contrac		55, C	JUITIF	лете	361	iedui	<del>C</del> J	ioi sucii person		<b>J</b>   <b>A</b>
Complete this table for your f		npen	sate	d ind	depe	endei	nt co	ontractors that received m	ore than \$100,000 of	
compensation from the organ	(A) business address							Doccrin	(B) tion of services	(C) Compensation
ivanie anu	business address							Descrip	IIIII OI SELVICES	Compensation
2 Total number of independent	contractors (in	cludi	ing b	ut n	ot lir	nited	I to t	those listed above) who re	ceived	

more than \$100,000 in compensation from the organization ▶

Form 990 (2009) Mercy-USA For Aid & Development, Inc38-2846307

Pa	irt V	III Statement of Rev	venue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a			10101140		0.12, 0.10, 0.10.1
Program Service Revenue contributions, gifts, grants arrogram	b	Membership dues	1b					
	С	Fundraising events	1c					
	d	Related organizations	1d					
	е	Government grants (contributions)	1e	687,517				
er s	f	All other contributions, gifts, grants,						
햦		and similar amounts not included above	<sup>≘</sup> 1f 5	,433,332				
age of	g	Noncash contributions included in lines	1a-1f: \$ <b>2</b>	,335,198				
<u>ॅ</u> ह	h	Total. Add lines 1a-1f		<b>&gt;</b>	6,120,849			
nue				Busn. Code				
eve	2a	Program Fees			600	600		
e R	b							
Σ̈	С							
Se	d							
ram	е							
ρ	f	All other program service re	venue					
<u>_</u>	g	Total. Add lines 2a–2f		▶	600			
	3	Investment income (including	ig dividends, in	terest, and				
		other similar amounts)		▶	34,714			34,714
	4	Income from investment of t		' -				
	5	Royalties		100				
		(i) Real	(ii)	Personal				
	6a	Gross Rents						
		Less: rental exps.						
		Rental inc. or (loss)						
		7a Gross amount from (i) Securities (ii) Oth						
		sales of assets (i) Securiti	es (	(ii) Other				
	_	other than inventory						
	b	Less: cost or other						
		basis & sales exps.						
		Gain or (loss)						
		Net gain or (loss)						
ne	ва	Gross income from fundraising e						
ver		(not including \$	10)					
Re		of contributions reported on line						
Other Revenue	h	See Part IV, line 18 Less: direct expenses	a					
₹		Net income or (loss) from fu		nte 🕨				
		Gross income from gaming activ						
	Ja	See Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from ga						
		Gross sales of inventory, les						
		returns and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sa	• • • • • • • • • • • • • • • • • • • •	y <b>&gt;</b>				
		Miscellaneous Reven		Busn. Code				
	11a	GAIN ON FOREIGN CUR	RENCY		126	126		
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		▶ [	126			
		Total Revenue. See instruc			6,156,289	726	0	34,714

#### Part IX Statement of Functional Expenses

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

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

	All other organizations must con not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		5p5500	goneral expenses	5p5000
-	organizations in the U.S. See Part IV, line 21	121,950	121,950		
2	Grants and other assistance to individuals in	,	,		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	469,963	469,963		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	141,120	61,760	58,377	20,983
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	809,552	807,212		2,340
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	(1 1 (0	40.040	10 110	
9	Other employee benefits	61,162	42,043	19,119	
10	Payroll taxes	3,999	292	3,707	
11	Fees for services (non-employees):	50,206	49,806		400
a	Management	10,396	10,396		400
D	Legal	23,093	19,081	4,012	_
C	Accounting Lobbying	23,093	19,001	4,012	
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Othor				-
12	Advertising and promotion	77,174			77,174
13	Office expenses	77,174 42,339	41,850	489	,
14	Information technology				
15	Royalties				
16	Occupancy	94,142	73,103	16,039	5,000
17	Travel	91,494	90,096	1,198	200
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,013		48	4,965
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,253	16,170	1,083	
23	Insurance	1,146		1,146	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	Program Materials	3,138,543	3,138,543		
a b	Indirect Costs	245,442	245,442		
C	Transportation Expenses	242,553	241,951	602	
d	Bank Charges/Currency Flu	64,432	42,541	133	21,758
e	Telephone	39,587	37,763	1,824	22,750
f	All other expenses	58,096	24,219	9,289	24,588
25	Total functional expenses. Add lines 1 through 24f	5,808,655	5,534,181	117,066	157,408
26	Joint costs. Check here ▶ if following	-, :::, :::	-,,		
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
_	fundraising solicitation				
ΠΔΔ					E 000 (2222)

Pa	rt )	K Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest bearing			3,014,273	1	3,663,330
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		271,061	4	109,840	
	5	Receivables from current and former officers, direct					
		employees, and highest compensated employees.	Complete Part	t II of			
		Schedule L				5	
	6	Receivables from other disqualified persons (as de					
		4958(f)(1)) and persons described in section 4958(					
S		Part II of Schedule L			6		
šet	7	Notes and loans receivable, net		4,000	7		
Assets	8	Inventories for sale or use				8	
1	9				5,996	9	7,139
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	. 10a	176,569			
		Less: accumulated depreciation	10b	134,280	46,686	10c	42,289
		Investments—publicly traded securities			3,276		488
		Investments—other securities. See Part IV, line 11				12	
		Investments—program-related. See Part IV, line 17	1			13	
		Intangible assets				14	
					5,600	15	5,600
		Total assets. Add lines 1 through 15 (must equal li			3,350,892		3,828,686
		Accounts payable and accrued expenses			184,041	17	231,291
	18	Grants payable			01 100	18	104 010
	19	Deferred revenue			21,109		104,019
	20	Tax-exempt bond liabilities				20	
_	21	Escrow or custodial account liability. Complete Par		le D		21	
Ē	22	Payables to current and former officers, directors, t	-				
ap		employees, highest compensated employees, and	disqualified				
	••					22	
		Secured mortgages and notes payable to unrelated				23	
		Unsecured notes and loans payable to unrelated the				24	
					205,150	25 26	335,310
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here			203,130	20	333,310
Š		complete lines 27 through 29, and lines 33 and 3					
<u>a</u>	27				2 458 230	27	2 551 674
B	28	Tanana ana dibana atai ata dan ata ana ata			2,458,239 687,503	28	2,551,674 941,702
b	29				0077505	29	711/102
ੂ≣∣	23	Organizations that do not follow SFAS 117, chec	k here			23	
_		and complete lines 30 through 34.	ok nere [				
SC	30	Capital stock or trust principal, or current funds				30	
šet	31	Paid-in or capital surplus, or land, building, or equi	+ <b>f</b> l			31	
1S	32	Retained earnings, endowment, accumulated incompared in		nds		32	
-	33				3,145,742		3,493,376
ž	34	Total liabilities and net assets/fund balances			3,350,892	34	3,828,686

Form **990** (2009)

### Form 990 (2009) Mercy-USA For Aid & Development, Inc38-2846307

Page **12** 

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

Form **990** (2009)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Mercy-USA For Aid & Development, Inc

Employer identification number 38 – 2846307

		_		or Ard & Devero		_					0307			
00000000000000	art I	1000000000		y Status (All organization				nis pa	rt.) Se	e ins	tructio	ns.		
The	orga	inization is no	t a private foundation beca	use it is: (For lines 1 through 1	I1, check	only one	box.)							
1	Ш	A church, co	nvention of churches, or as	ssociation of churches describ	ed in <b>sec</b>	tion 170(	(b)(1)(A)	)(i).						
2		A school des	scribed in section 170(b)(1	)(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital ser	vice organization described in	section	170(b)(1)	(A)(iii).							
4		A medical re	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and stat												
5		=	on 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 Pa	rt II.)										
6	Ш	A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organizat	on that normally receives a substantial part of its support from a governmental unit or from the general public											
			in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				170(b)(1)(A)(vi). (Complete P										
9		=		(1) more than 33 1/3 % of its					-		_	3		
		-		empt functions—subject to cert	-									
			=	and unrelated business taxabl				1 tax) fro	om bus	inesses	S			
			=	30, 1975. See section 509(a)		•								
10	Ш	-	=	d exclusively to test for public	-		-							
11	Ш	•	,	d exclusively for the benefit of,	•				•		_			
				orted organizations described i							ection			
				the type of supporting organize			1							
		a Type		c Type III–Function	-		. d ∣		e III–Ot					
е		-		rganization is not controlled di	-	-								
		-	<del>-</del>	s and other than one or more	publicly s	supported	organiz	zations	describ	ea in s	ection			
			section 509(a)(2).	Anno in ation from the IDC that	:4 : <b>T</b>	. I T	. U T.	111 -						
f		_		termination from the IRS that	it is a Typ	e i, i ype	il, or I	ype III s	upporti	ng				
_		•	, check this box	vation accepted any gift or con										
g		following pe	=	ation accepted any gift or con	tribution i	TOTH arry	or the							
				controls, either alone or togeth	er with n	ersons de	escribed	l in (ii)				Г	Yes	No
				of the supported organization	-						[·	11g(i)		-110
			member of a person descr	· · ·								11g(ii)		
			•	described in (i) or (ii) above?								11g(iii)		
h				t the supported organization(s)	).								I.	
	Name	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did v	ou notify	(vi)	s the	(vi	ii) Amo	unt of	
( )		anization	( )	(described on lines 1-9	in col. (i) li	sted in your	the organ	ization in	organizati	ion in col.	•	suppo		
				above or IRC section (see instructions))	governing	document?	col. (i) supi	ort?	(i) organi: U.S					
				(see manuchons)	Yes	No	Yes	No	Yes	No				

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Mercy-USA For Aid & Development, Inc38-2846307 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,897,<u>467</u> 6,120,<u>849</u> 5,236,<u>789</u> 2,512,333 3,441,258 22,208,696 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ...... 5,236,789 2,512,333 3,441,258 4,897,467 6,120,849 22,208,696 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) Public support. Subtract line 5 from line 4 22,208,696 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 **(e)** 2009 (f) Total Amounts from line 4 ..... 7 5,236,789 6,120,849 22,208,696 2,512,333 3,441,258 4,897,467 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 24,037 41,874 51,006 53,591 34,714 205,222 sources 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 3,975 2,052 18,285 51,052 126 (Explain in Part IV.) ..... 75,490 11 **Total support.** Add lines 7 through 10 22,489,408 Gross receipts from related activities, etc. (see instructions) 12 12,062 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 98.75% 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 98.72% 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Mercy-USA For Aid & Development, Inc38-2846307

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

<u>Sec</u>	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a							
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First five years. If the Form 990 is for the	•			•		
500	organization, check this box and stop he ction C. Computation of Public S						<b>P</b>
				lump (f))		15	0/
15 16	Public support percentage for 2009 (line Public support percentage from 2008 Sch	o, column (1) alvi	line 15, co	iumin (i))		16	<u>%</u> %
16 Sec	etion D. Computation of Investm					10	70
17	Investment income percentage for 2009			13 column (f))		17	%
18	Investment income percentage from 2008	8 Schedule A. Pa	art III. line 17	,		18	<u> </u>
19a	33 1/3 % support tests—2009. If the org	anization did not	check the box on	line 14. and line	15 is more than 3		,,
. Ju	17 is not more than 33 1/3 %, check this						▶ □
b	33 1/3 % support tests—2008. If the org		-				nd
~	line 18 is not more than 33 1/3 %, check						▶ □
20	<b>Private foundation.</b> If the organization di		-	•		-	<b>b</b>

redule A (Form 990 or 990-EZ) 2009 Mercy-USA For Aid & Development, Ind8-2846307  Page 4  Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17 or 17b; and Part III, line 12. Provide any other additional information. See instructions.  Part II, Line 10 - Other Income Detail  Sales \$ 1,103  Page 4  Page 4  Page 4  Page 5  Page 5  Page 5  Page 5  Page 6  Page 6  Page 7  P		
Part II, Line 10 - Other Income	Detail	 
Sales	II, Line 10 - Other Income Detail  \$ 1,103  on Sale of Assets \$ 10,773  ized Gain on Investments \$ 63,614	
ales \$ 1,103 ain on Sale of Assets \$ 10,773 ealized Gain on Investments \$ 63,614		
Realized Gain on Investments	\$ 1,103 on Sale of Assets \$ 10,773 zed Gain on Investments \$ 63,614	
,		 

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

**Employer identification number** Name of the organization Mercy-USA For Aid & Development, Inc 38-2846307 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_ \_ \_ \_ Number of states where property subject to conservation easement is located ▶ \_ \_ \_ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 \_\_\_\_\_\_ b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Mercy-USA For Aid & Development, Inc 8-2846307

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

Page 2

Pa	rt III Organizations Maintaining	Collections of A	rt, Historical T	reasur	es, or Oth	ner Simila	ar Assets (conti	nued)
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records,	check any of the fo	llowing th	nat are a sig	nificant use	of its	
а	Public exhibition	<b>d</b> Loan	or exchange progr	rams				
b	Scholarly research	e Othe	r				_	
С	Preservation for future generations							
4	Provide a description of the organization's copart XIV.	ollections and explain h	now they further the	organiza	ation's exem	pt purpose i	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to	or receive donations of to be maintained as par	art, historical treasort of the organizatio	ures, or o n's collec	ther similar		Yes	No
Pa	rt IV Escrow and Custodial Arr				on answe	red "Yes"	to Form 990, P	art
	IV, line 9, or reported an ar	mount on Form 99	90, Part X, line	21.				
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions	or other a	assets not			_
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the follo	wing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance					1f		
	Did the organization include an amount on F		1?				Yes	No
	If "Yes," explain the arrangement in Part XIV		1 (0)/	" ( - 5		D( I) /	l' 40	
Pa	rrt V Endowment Funds. Comp							
		(a) Current year	(b) Prior year	(c) Iwo	years back	(a) Three year	ars back (e) Four years	s back
	Beginning of year balance							
	Contributions							
С	Net investment earnings, gains,							
	and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
T	Administrative expenses							
y	End of year balance  Provide the estimated percentage of the yea	r and halanaa hald aar						
2	Board designated or quasi-endowment							
a h		^						
D	Permanent endowment ▶ % Term endowment ▶ %							
	Are there endowment funds not in the posse	ssion of the organization	on that are hold and	d adminic	torod for the	,		
Ja	organization by:	SSION OF THE Organization	on that are neid and	a aurillilis	itered for the	,	Yes	No
								140
	(ii) related ergonizations						20(ii)	
h	If "Yes" to 3a(ii), are the related organization	s listed as required on	Schedule R?					
4	Describe in Part XIV the intended uses of the							
Pa	art VI Investments—Land, Build			990. F	Part X. lin	e 10.		
	Description of investment	(a) Cost or other basis				umulated	(d) Book value	<del></del>
	·	(investment)	basis (other	er)	` '	eciation		
1a	Land		1					
	Buildings							
	Leasehold improvements							
	Equipment							
	Other		176	,569	1	134,280	42,	289
	I. Add lines 1a through 1e. (Column (d) must	egual Form 990, Part >			•	<u> </u>		289

Schedule D (Form 990) 2009

Part VII	Investments—Other Securities. See Form 9	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	
Financial der	vatives			
Closely-held	equity interests			
Other				
	. – – – – – – – – – – – – – – – – – – –			
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. See Form	990 Part X line 13		
i dit tiii	(a) Description of investment type	(b) Book value	(c) Method of valuation:	
	(a) Decompliant of invocation type	(b) Book value	Cost or end-of-year market value	
-				
-				
-				
-				
-				
Tatal (Calum	on (h) mount aguint Forms 000 Port V and (P) line 42			
Part IX	on (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets. See Form 990, Part X, line 15	-		
Faitin	(a) Description	).	(b) Book value	
	(a) Description		(b) Book value	
-				
-				
	(1)			
	nn (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>		
Part X	Other Liabilities. See Form 990, Part X, line			
1.	(a) Description of liability	(b) Amount		
Federal incor	ne taxes			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

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

Sche	edule D (Form 990) 2009 Mercy-USA For Aid & Development, Ind			Page <b>4</b>
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited I		iteme	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	6,156,289
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	5,808,655
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	347,634
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	0
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	347,634
	art XII Reconciliation of Revenue per Audited Financial Statements With I			
1	Total revenue, gains, and other support per audited financial statements		1	6,156,289
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-	0,200,200
a				
	Donated services and use of facilities 2b			
c	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
	(======================================		2e	
3	Add lines 2a through 2d  Subtract line 2a from line 1		3	6,156,289
_	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		J	0,130,203
4				
a	, , , , , , , , , , , , , , , , , , , ,			
b	(2000).20		4-	
_	Add lines 4a and 4b		4c 5	6,156,289
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  art XIII Reconciliation of Expenses per Audited Financial Statements With	Evponege p	_	
			1	5,808,655
1	I otal expenses and losses per audited financial statements			3,000,033
2				
a				
	Prior year adjustments 2b			
С.				
d				
	Add lines 2a through 2d		2e	E 000 CEE
3	Subtract line 2e from line 1		3	5,808,655
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	0		
	Other (Describe in Part XIV.)	0	_	
_	Add lines 4a and 4b		4c	F 000 CEE
5			5	5,808,655
	art XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4	lb. Also complete	е	
his I	part to provide any additional information.			

Part XIV Supplemental Information (continued)	Page <b>3</b>

#### Schedule F (Form 990)

**Statement of Activities Outside the United States** 

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

United States.

**Employer identification number** Mercy-USA For Aid & Development, Inc

38-2846307

Pa	rt I	General Information on Activities Outside the United States. Complete if the organization	answe	ered	
		"Yes" to Form 990, Part IV, line 14b.			
1	For gr	rantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assista	ance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the gra	ants or assistance?	X Yes		N
2	For gr	rantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the			

Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

India		1	Program Services	Food, Shelter	16,30
Banglad India	lesh	1	Program Services	Food, Shelter	62,76
Pakista		1	Program Services	Education	118,25
Gaza		2	Program Services	Food, Shelter, Educat	527,02
Indones	sia 1	2	Program Services	Education, Econo. Dev.	203,48
Lebanor	1	3	Program Services	Health, Education, Etc	122,96
Bosnia	1	5	Program Services	Economic Dev., Food	158,51
Albania	1	2	Program Services	Economic Dev.,Educat	119,67
	& Kenya 2	170	Program Services	Health, Food, Shelter,	4,189,03
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	onal space is needed.  (d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method o valuation (book, FMV appraisal, othe
			Cyclone Rel/Food Aid	43,000				,
			Food Aid in India	15,000				
			School Feeding Prog	411,963				

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009 Mercy-USA For Aid & Development, Inc38-2846307 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (g) Description (e) Manner of (f) Amount of (h) Method of (d) Amount of (c) Number of (a) Type of grant or assistance (b) Region cash non-cash of non-cash valuation cash grant recipients (book, FMV, assistance disbursement assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV **Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information. Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds Organizations outside of the US: Grantees based outside of the US and US-based grantees receiving funding for projects outside of the US must be registered non-profit organizations with their respective national governments. They are checked against the US Treasury Department, US State Department and United Nations lists of designated terrorists. They are also required to certify that they do not advocate, support or fund terrorist activities and that all funds received from Mercy-USA will be used strictly for humanitarian purposes. They are further required to submit their independently audited annual financial statements. Specific agreements are signed for each grant; these agreements contain further certifications, stipulate reporting requirements and limit use of funds to the specific project funded. Grant payments are paid in installments after receiving and approving narrative and financial reports. Reports include pictures of the funded activities and beneficiaries. They also include copies of all expense receipts and invoices. Expenses must be supported by specific documentation in order to be accepted and the grant funds paid. Monitoring may also involve site visits where feasible. Part IV - Additional Information For Grants to Organizations outside of the USA, all recipients are registered with their respective National Governments.

#### SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Name of the organization  Mercy-USA F	or Aid	& Develor	oment	Tnc			identification nui 346307	mber
Part I General Information or				<del>/ 111C</del>		30 20	710307	
<ul> <li>Does the organization maintain records the selection criteria used to award the grant IV the organization's properties.</li> <li>Part II Grants and Other Assistant Form 990, Part IV, line Part IV and Schedule I-</li> </ul>	grants or assist ocedures for m stance to G 21, for any	ance? nonitoring the use iovernments a recipient that	of grant fu and Org receive	inds in the United Sta anizations in the d more than \$5,0	tes. • United States. ( 000. Check this b	Complete if th	e organizatio ecipient recei	n answered "Yes" to ved more than \$5,000. Us
1 (a) Name and address of organization or government	ation	(b) EIN	(c) IRC section if applicable	(d) Amount of cash gran	t <b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Humanity Hope Org. Inc. 8146 9th Avenue Port Arthur TX 77	7642	20-3428167	3	107,000		Book		Const Boys High Sch
Islamic Shura Council of Mi 1830 West Square Lake Road Bloomfield Hills MI 48		32-0157488	3	14,950		Book		Food Aid in the US
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations	S							► 2 ► 0

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of		(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV Supplemental Information	n. Complete this part	to provide the infor	mation required in Pa	art I, line 2, and any other	additional information.
				•	
Part I, Line 2 - Proced	ures for Moni	toring the U	se of Grant F	unds	
Grantees are required t	o submit thei:	r Forms 990	and independe	ntly audited	
• • • • • • • • • • • • • • • • • • • •					
annual financial statem	ents, if appl	icable. Spe	cific agreeme	nts are signed	
for each grant; these a	greements con	tain further	certificatio	ns, stipulate	
reporting requirements	and limit use	of funds to	the specific	project	
funded.Grant payments a	re paid in in	stallments a	fter receivin	α and	
				₹ <del>77</del>	

approving narrative and financial reports. Reports include pictures of the

expense receipts and invoices. Expenses must be supported by specific

funded activities and beneficiaries. They also include copies of all

documentation in order to be accepted and the grant funds paid.

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Mercy-USA For Aid & Development, Inc

Employer identification number 38-2846307

P	art I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g	Method of determini revenues	ng		
4	Art Marko of ort	арріїсавіс		Tominoso, rait vin, inic 19	Tevendes			
1 2	Art Historical transures							
	Art Fractional interests							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous	<del></del>						
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	7.7	1	1 025 020	The in March of Trails			
19	Food inventory	X	1	1,035,230	Fair Market Val	<u>ie</u>		
20	Drugs and medical supplies	X	1	1,299,968	Fair Market val	ıe		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( )							
26	Other ►()							
27	Other ►()							
28	Other ▶()							
29	Number of Forms 8283 received b	-						
	which the organization completed	Form 828	3, Part IV, Donee Ackno	owleagement	29		V	NI-
20-	During the constant did the constant		h	on and on the state of the Daniel I live	4 00 th-t		Yes	No
30a	During the year, did the organization							
	it must hold for at least three years							77
	used for exempt purposes for the e		ing period?			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptanc	e policy that requires th	e review of any non-stand	ard		77	
•						31	Х	
32a		•	•	•				7.5
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report re	venues in	column (c) for a type o	f property for which colum	n (a) is checked,			
	describe in Part II.							

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

#### SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

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

Attach to Form 990.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Mercy-USA For Aid & Development, Inc

Employer identification number 38-2846307

OMB No. 1545-0047

Form 990, Part III, Line 4d - All Other Achievements
Economic Vitalization - The provision of ways for needy individuals and
their communities to sustain themselves and to improve their quality of
life; and assistance in reviving the economies of communities devastated by
natural and man-made disasters.
General Program - General program includes all ancillary program services
needed to maintain and enhance the specific program sectors.
Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries
Albania, Bosnia-Herzegovina, Kenya, Indonesia, Lebanon
Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
The Form 990 is prepared after the completion of the annual independent
audit by the auditors.
After it is reviewed by the senior management, the CEO and the CFO present
this Form 990 to the Board of Directors for their review and final approva
before it is submitted to the IRS.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board Members and all the Employees are required to disclose any potential
conflict of interest. Depending on the nature of the potential conflict,
the person may have to resign from the Organization, or, at the very
least, is precluded from any discussions or voting related to that matter.

Schedule O (Form 990) 2009 Page **2** 

Name of the organization  Mercy-USA For Aid & Development, Inc	Employer identification number 38-2846307
Form 990, Part VI, Line 15a - Compensation Process f	or Top Official
yes.	
Form 990, Part VI, Line 15b - Compensation Process f	or Officers
The board of directors, which is solely composed of	volunteers, reviews and
approves the Compensation of Organization's CEO and	CFO by comparing
salaries paid by similar organizations. This review	is further facilitated
by using Guidestar's or a similar annual Compensation	on Report, which
analyzes compensation reported by all non profit ent	cities in their recent
Form 990 filings and breaks it down by type, size of	the organization,
regional location, etc. The Board's decision is reco	orded in the minutes of
that relevant meeting.	
Form 990, Part VI, Line 19 - Governing Documents Dis	sclosure Explanation
Recent independent audited financial statements and	the Form 990 are
available on the organization's website. Form 1023,	the Articles of
Incorporation and Conflict of Interest Policy are av	vailable upon request.
Reasonable copying and postage fees may be charged f	for these.

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Name(s) shown on return

► See separate instructions.

Identifying number

	mercy-	USA For Al	a % ne∧eT	.opmen	IC, In	ıC		38-	<b>4</b> 84	6307
	ess or activity to which this form relates									
************	<u>ndirect Depreciat</u>									
Pa	art I Election To Expe		•				aamalat	o Dort I		
	Note: If you have								1	250,000
1 2	Maximum amount. See the instru Total cost of section 179 propert								2	230,000
3				o inetructi		• • • • •			3	800,000
4	Threshold cost of section 179 property before reduction in limitation (see instructions)  Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-									0007000
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions								<b>4 5</b>	
6	(a) Description			(b) Cost (bu				lected cost		
	(4) 2000.15110	p		(12) 0001 (20		,,	(-) -			
7	Listed property. Enter the amour	nt from line 29				7				
8	Total elected cost of section 179	property. Add amou	unts in column (c).	lines 6 and	 d 7				8	
9	Tentative deduction. Enter the s								9	
10	Carryover of disallowed deduction								10	
11	Business income limitation. Ente								11	
12	Section 179 expense deduction.		•			•		, i	12	
13	Carryover of disallowed deduction					13				
Note	: Do not use Part II or Part III beld	ow for listed property	. Instead, use Part	t V.						
Pa	art II Special Deprecia	tion Allowance	and Other De	preciation	on (Do	not	include	listed p	rope	erty.) (See instr.)
14	Special depreciation allowance f	or qualified property	(other than listed)	property) p	laced in	servi	е			
	during the tax year (see instruction								14	
15	Property subject to section 168(f	)(1) election							15	
16	Other depreciation (including AC	RS)							16	17,253
Pa	art III MACRS Deprecia	ition (Do not inc			(See ir	nstru	ctions.)			
			Section							
17	MACRS deductions for assets pl								17	0
18	If you are electing to group any assets									
	Section B—As	ssets Placed in Serv					erai Depr	eciation	syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investme only–see instructi	ent use	Recovery period	<b>(e)</b> C	onvention	(f) Meth	nod	(g) Depreciation deduction
<u>19a</u>	3-year property									
b	5-year property									
С	7-year property									
d	10-year property	_								
<u>e</u>	15-year property									
f	20-year property									
g	25-year property				25 yrs.			S/L		
h	Residential rental				7.5 yrs.		MM	S/L		
	property				7.5 yrs.		MM	S/L		
i	Nonresidential real			3	9 yrs.		MM	S/L		
	property Section C. Acc	ets Placed in Servi	oo During 2000 Te	v Voor He	sing the	A Itarı	MM Day	S/L	Cycl	· om
		ets Placed in Servi	ce During 2009 18	ax rear us	sing the	Aiterr	lative Dep		Syst	em
	Class life	-		<del>-  </del>	10			S/L		
	12-year				12 yrs.		N 4 N 4	S/L		
	40-year  art IV Summary (See in	etructions \			40 yrs.	l	MM	S/L		
									21	
21 22	Listed property. Enter amount fro <b>Total.</b> Add amounts from line 12		/ lines 10 and 20 i	n column /	(a) and	 lino 21	Enter he		<b>4</b> 1	
~~	and on the appropriate lines of y	_					. Litter He	:1 <b>C</b>	22	17,253
23	For assets shown above and pla				. 1113111110	10119			~~	11,233
_5	portion of the basis attributable to	•		Sinci tile		23				
			<u> </u>		<del></del>					

Forms Other Notes and Loans Receivable							
Forms <b>990-PF</b>	Ot	ner Notes and					
300 / 300-1 1	For calendar year 2009	, or tax year beginning	9	and ending		2009	
Name					Employer Ide	entification Number	
Mercy-USA Fo	r Aid & Develo	opment,Inc			38-2846	5307	
Form 990, Pa	rt X, Line 7 -	- Additional	. Informati	.on			
	Name of borrower			Relationship to dis	gualified pers	on	
(1) Notes Rece				Relationship to dis	quaimed pers	OII	
(2)							
(3)							
<u>(4)</u> (5)							
(6)							
(7)							
(8)							
(9) (10)							
(10)							
Original amoun	nt	Maturity				Interest	
borrowed	Date of loan	date	Rej	payment terms		rate	
(1)							
( <u>2</u> ) ( <u>3</u> )							
(4)							
(5)							
(6)							
(7) (8)							
(9)							
(10)							
Con	sunitus muovidod bu bonnouson			Durmana af	· laan		
<u>(1)</u>	curity provided by borrower			Purpose of	ioan		
(2)							
(3)							
(4)							
<u>(5)</u> (6)							
(7)							
(8)							
(9)							
(10)							
		D.	planes due et	Polones due e	,   <sub>Fai</sub>	r market value	
Consider	ation furnished by lender	be	alance due at eginning of year	Balance due a end of year	t Fai	r market value (990-PF only)	
(1)			4,000				
(2)							
(3) (4)							
(5)							
(6)							
(7)							
(8) (9)							
(10)							
Totals			4,000				

7052 Mercy-USA For Aid & Development,Inc 38-2846307 Federal Statements

9/27/2010 10:59 AM

FYE: 12/31/2009

Form 990 - Federal General Footnote

#### Description

Form 990 Part IX- Line 24f										
Expense	Program	Management	Fundraising							
	Services	& General	Expenses							
1-Dues, Subscriptions, Fees, Etc	\$ 0	\$ 2,306	\$ 0							
2-Postage & Shipping	\$ 11,585	\$ 4,486	\$ 10,930							
3-Printing & Copying	\$ 3,751	\$ 2,497	\$ 13,658							
4-Loss on Sale of Assets	\$ 8,883	\$ 0	\$ 0							
TOTAL	\$ 24,219	\$ 9,289	\$ 24,588							