990 Form

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OM8 No. 1545-0047 2014 Open to Public Inspection

<u>A</u>	For the 2014	calendar year, or tax year beginning , and ending									
В	Check if applicable:	C Name of organization		D Employe	r Identification number						
П	Address change Mercy-USA For Aid & Development, Inc										
\exists	Name shares	Doing business as		38-2	846307						
ᆜ	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon							
	Initial return	44450 Pinetree Drive	201	/34-	<u>454-0011</u>						
	Final return/ terminated	City or lown, state or province, country, and ZIP or foreign postal code									
_		Plymouth MI 481703869		G Gross rec	eipis \$ 10,731,355						
ᆜ	Amended return	F Name and address of principal officer.			ساک یا ک						
\bigsqcup	Application pending		H(a) Is (his a gro	return for s	ubordinates? Yes X No						
			H(b) Are all sub	ordinates incl	uded? Yes No						
			If "No,"	'altach a list.	(see instructions)						
·	Tax-exempt statu	s: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527									
<u></u>	Website:	www.mercyusa.org	H(c) Group exe	motion numbe	· ·						
<u>-</u> -	Form of organizati		Year of formation: 1		M State of legal domicile: MI						
*****	A DEBA COR A COR SOLD COMPANY OF THE COR	Summary	7 COT OF FORMOTORS. —		IN CISIO OF TOGGIS CONSCIO.						
		describe the organization's mission or most significant activities:									
	Mon	cy-USA is dedicated to alleviating human suffering	and suppo	 ×tina	*********						
2		lividuals and their Communities in their own efforts			******						
Ē			Co Decom	a more	*********						
Activities & Governance		f-sufficient.									
Ó	1	this box > if the organization discontinued its operations or disposed of more than 2	5% of its net as:	E I							
ಹ		r of voting members of the governing body (Part VI, line 1a)			6						
è		r of independent voting members of the governing body (Part VI, line 1b)			6						
ξ	6 Total n	umber of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	7						
Ş		umber of volunteers (estimate if necessary)									
•	7a Total u	nrelated business revenue from Part VIII, column (C), line 12		7a	9,443						
		related business taxable income from Form 990-T, line 34	*************	. 7b	0						
			Prior Ye		Current Year						
0	8 Contrib	utions and grants (Part VIII, line 1h)	8,89	0,492	10,633,907						
Revenue	9 Progra	m service revenue (Part VIII, line 2g)		500	0						
Ş	10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)		3,543	17,567						
œ	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7	8,746	79,881						
	1	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,97	3,281	10,731,355						
		and similar amounts paid (Part IX, column (A), lines 1-3)		4,879	476,162						
	1	s paid to or for members (Part IX, column (A), line 4)			0						
ι۸.	45 0-1	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,46	4,320	2,633,975						
Š	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)			0						
Expenses	h Total fi	andraising expenses (Part IX, column (D), line 25) ▶ 193,193									
ᄶ	47 Olhar	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6 53	0,969	7,954,091						
	1 to Onter 6			0,168							
		xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,887	-332,873						
-	19 Reven	ue less expenses. Subtract line 18 from line 12	Beginning of Cui		End of Year						
Net Assets or	E 20 Talala	ssets (Part X, line 16)		7,053	3,705,848						
8	20 Total a	abilities (Part X, line 16)		8,188							
팔	21 10tai ii	sets or fund balances. Subtract line 21 from line 20		8,865	3,145,992						
			5,4,	0,000	J,140,332						
		Signature Block									
		of perjury, I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer			towledge and belief, it is						
	100,000,000	1 (1.05)			28/20/5						
•		Signature of officer		8 / Date	28/20/5						
Si		•									
He	ere	<u> </u>	dent & (JEO							
	<u> </u>	Type or print name and title	F	- r _	() p.r						
	L.	ype proparer's name Preparer's signature V	Date	Check	L.1						
Pal	21.11	Sakhuja		/15 self-er							
	eparer Firm's			irm's EIN	38-2463166						
US	e Only	7310 Woodward Ave Ste 740			545 5-5 6 :						
		address Detroit, MI 48202		hone no.	<u>313-873-7500</u>						
		uss this return with the preparer shown above? (see instructions)	***********		X Yes No						
For		duction Act Notice, see the separate instructions.			Form 990 (2014)						
UN	•										

200,000			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	110
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	}		l
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
4.5	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	l		,,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	******	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	х	
b	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	^	-
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	111		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		1
_		11d		x
е	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	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	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?			.
20~	If "Yes," complete Schedule G, Part III	19		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
	11 100 to mo 20a, did the organization attach a copy of its attended intallical statements to this letting	20b		ı

			Yes	N.
1	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	X	<u> </u>
2	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		2
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	ŀ		
	employees? If "Yes," complete Schedule J	23		2
1a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		2
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Г
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Γ
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Г
	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?			
	If "Yes," complete Schedule L, Part I	25b		:
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			T
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		:
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	·····		F
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
	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	300000000	333
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	<u>20a</u>		H
•	Schedule L, Part IV	206		
2	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		-
•				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		37	L
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	L
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		L
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		L
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Ľ
	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		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Ŀ
)	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	j		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Γ
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		:
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Γ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		:
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			一
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2014)

Form 990 (2014) Mercy-USA For Aid & Development, Inc 38-2846307

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	· <u>·····</u>				X
				f=::::::::::::::::::::::::::::::::::::	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
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		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_	7			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		****	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		₽
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial			17.	
	account)?			4a	X	
b	If "Yes," enter the name of the foreign country: ▶ See Schedule O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts			
_	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e				١
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
_	gifts were not tax deductible?			6b		1000000
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 g	goods				1
-	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	 	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				ļ	
	required to file Form 8282?			7c	********	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	^			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract	7			\vdash
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-			7f		┼
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo					├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interesting a resistance relations and the description of cars, boats, airplanes, or other vehicles, did the organizations are interesting a resistance of the description of cars, boats, airplanes, or other vehicles, did the organizations are interesting and the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, air			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	a by th	ie			
0	sponsoring organization have excess business holdings at any time during the year?			8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?					
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a		
ь 10	Section 501(c)(7) organizations. Enter:	• • • • • • •		9b		
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	10a				
11	Section 501(c)(12) organizations. Enter:	[100]				
	Crease income from mambers as about helders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	110	**************************************			
~	against amounts due or received from them	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		>	12a		*********
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[141/		\dashv		
a	le 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	13b				
С	Enter the amount of reserves on head	13c				
14a	Did the organization receive any nayments for indeed tenning convices during the toy year?			14a	.000000000	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule					T-

Form 990 (2014) Mercy-USA For Aid & Development, Inc 38-2846307 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	If there are material differences in voting rights among members of the governing body, or			1		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1.0		┧		
-	any other officer, director, trustee, or key employee?			2	200000000000000000000000000000000000000	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	 17		4		X
5	Did the organization become aware during the year of a cignificant diversion of the organization's accepts?			5		X
6	Did the organization have members or stockholders?		***********	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				***************************************	
	one or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			"		
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		he following:			
а	The governing hody?		-	8a	X	25050000
b	Each committee with authority to act on behalf of the governing body?		, ,	8b	Х	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte				L	
				,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	a the fo	orm?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No ₁ " go to line 13			12a	X	20000000000 -
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to co	nflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	х	
14	Did the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and approval by		, , , , , , , , , , , , , , ,			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official			15a	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," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, IL, MI, NJ					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.		• •			
	X Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est pol	icy, and			
	financial statements available to the public during the tax year.	-				
20	State the name address and telephone number of the person who possesses the organization's books and reco					

Umar-Al-Qadi

44450 Pinetree Dr., Ste 201

MI 48170

734-454-0011

Form 990 (2014) Mercy-USA For Aid & Development, Inc 38-284630	07
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Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

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

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

 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. (B) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other officer and a director/trustee) compensation (list any organizations the hours for organization (W-2/1099-MISC) from the (ey employee (W-2/1099-MISC) related nstitutional trustee organization hest compensated ployee organizations and related ridual trustee below dotted organizations tine) (1) Ms. Iman ElKadi 0.00 0.00 X X 0 0 Chairperson (2) Mr. Hassan Amin 0.00 Board Member 0.00 X 0 0 0 (3) Ms. Rasha Ghobashy 0.00 0.00 X Board Member 0 0 0 (4) Dr. Ali El-Menshawi 0.00 0.00 X X 0 0 V. Chairperson 0 (5) Dr. Magdy Hussein 0.00 0.00 X 0 0 Board Member 0 (6)Mr. Melvin Bilal 0.00 X 0.00 X 0 0 Treasurer 0 (7) Umar al-Qadi 40.00 0.00 Pres./CEO X 82,163 0 6,162 (8) Anas Alhaidar 40.00 0.00 X CFO 78,608 1,800 (9) (10)(11)

Form 990 (2014	Mercy-USA	For	Aid	&	Development,	Inc	38-2846307
Part VII	Section A. Officers,	Director	s. Truste	es.	Key Employees, and H	ighest	Compensated Employe

(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a c	erson	than d is both oftrust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)								Parities Andreas	***************************************	
(13)				_				******		***************************************
	, ,		!							
(14)				-			_		12 Mahanan	
(15)									A	A Maryland Comment
P		_							Market	
(16)										
					_					- Profes
(17)										
(18)										***************************************
(19)									· · · · · · · · · · · · · · · · · · ·	
1b Sub-total							>	160,771		7,962
c Total from continuation she d Total (add lines 1b and 1c)							▶	160,771		7 062
2 Total number of individuals (in	cluding but not l	mite	d to				<u> </u>		\$100,000 of	7,962
reportable compensation from										Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	lule	J for	sucl	h ind	lividu	ıal			3 X
4 For any individual listed on line organization and related organ	nizations greater	than	\$15	0,00	0? 1:	"Ye	s," (complete Schedule J for suc	from the ch	
individual5 Did any person listed on line 1								·		4 X
for services rendered to the or	ganization? If "Y	es,"	com	plete	Scl	nedu	le J			5 X
Section B. Independent Contractor 1 Complete this table for your fix	e highest comp	ensa	ted i	ndep	end	ent c	ont	ractors that received more t	han \$100,000 of	
compensation from the organi	zation. Report co (A) business address	ompe	ensa	tion 1	for ti	ie ca	len	dar year ending with or with	in the organization's tax ye (B) ion of services	
Name and	Dusiness address				*			Descript	ion of services	(C) Compensation
							_	74		
	•				-					
2 Total number of independent of received more than \$100,000	contractors (inclu of compensation	ding fron	but า the	not l	imite aniza	ed to	tho:	se listed above) who	0	
DAA		511	. ,,,,,	5	,,,(_		U	- 000

Form 990 (2014) Mercy-USA For Aid & Development, Inc 38-2846307 Part VIII Statement of Revenue

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
					зоронос	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants ilar Amounts	b	Federated campaigns Membership dues	1a 1b				1515113		312314
īfs,	۲ C	Fundraising events	1c 1d		***************************************	-			
D,E		Related organizations Government grants (contributions)	1e	1 .	928,119				
i Si		All other contributions, gifts, grants,	'		320,220				
Contributions, and Other Sim		and similar amounts not included above	1f		705,788				
E D	_	Noncash contributions included in lines 1a	-1f: \$		892,946				
	h	Total. Add lines 1a-1f				10,633,907			
Program Service Revenue	2 a				Busn. Code				
Pg	b						***************************************		
vice	С						WHAT A		
Ser	d								
	е								
g	f	All other program service reve							
\exists	3	Total. Add lines 2a-2f Investment income (including						I	
	Ü	· · · · · · · · · · · · · · · · · · ·				8,124			8,124
	4	Income from investment of tax							0,124
ı	5	Royalties	· · · · · · · · · · · · · · · · · · · ·	<i></i>					
		(i) Real		(ii) F	Personal				
			, 396						
		Less: rental exps.	,396						
-		Rental inc. or (loss) 68 Net rental income or (loss)	···			68,396			60 206
	7a	Gross amount from (i) Securities			Olher	30,330			68,396
		sales of assets other than inventory			9,443				
	b	Less: cost or other							
		basis & sales exps.							
		Gain or (loss)			9,443				
		Net gain or (loss)			»	9,443		9,443	
흴	ou	(not including \$	1113						
S		of contributions reported on line 1c).						
꼬		See Part IV, line 18	. а						
Other Revenue		Less: direct expenses	b[
-		Net income or (loss) from fund	7-	events .	<u> </u>				
	ษล	Gross income from gaming activities See Part IV, line 19	- 1						
	b	Less: direct expenses	a b						
		Net income or (loss) from garr	~∟ ing act	ivities					
	10a	Gross sales of inventory, less	ſ						
	_	returns and allowances							
		Less: cost of goods sold	b_						
F	C	Net income or (loss) from sale Miscellaneous Revenue	s or inv	entory	Busn. Code				
f	11a		nev		900099	11,485	11,485		
	b					==, -30			
	C	*	,						
						11,485	T	_	
	12	Total revenue. See instruction	1s		🕨	10,731,355	11,485	9,443	76,520

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
Dor	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)						
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations	45 500									
_	and domestic governments. See Part IV, line 21	15,500	15,500								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign	460 660	460 660								
	individuals. See Part IV, lines 15 and 16	460,662	460,662								
4 5	Benefits paid to or for members Compensation of current officers, directors,		-11-10								
J	trustees, and key employees										
6	Compensation not included above, to disqualified			·	· · · · · · · · · · · · · · · · · · ·						
Ū	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	2,431,927	2,359,988	48,706	23,233						
8	Pension plan accruals and contributions (include	= / 10 = / 0 = /	2,333,300	40,700	25,255						
ŭ	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	194,223	166,959	27,264							
10	Dayroll tayon	7,825	2,169	5,656							
11	Fees for services (non-employees):	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3,000	***************************************						
a	Management										
b	Legal	7,415	6,610	805	***************************************						
	Accounting	32,865	29,724	3,141							
ď	Lobbying										
е	Professional fundraising services. See Part IV, line 17	***************************************			******						
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25, column										
•	(A) amount, list line 11g expenses on Schedule O.)	50,387	43,464	923	6,000						
12	Advertising and promotion	108,086	, , , , , , , , , , , , , , , , , , , ,		108,086						
13	Office expenses	166,668	143,482	8,478	14,708						
14	Information technology				······································						
15	Royalties				***************************************						
16	Occupancy	184,028	171,959	12,069							
17	Travel	212,262	202,739	8,980	543						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	16,142	7,618	2,454	6,070						
20	Interest										
21	Payments to affiliates	A			MANUFACTOR OF THE PROPERTY OF						
22	Depreciation, depletion, and amortization	65,758	32,123	33,635	······································						
23	Insurance	2,506	574	1,932							
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
•	(A) amount, list line 24e expenses on Schedule O.) Program Materials	5,605,005	5,605,005								
a	Transportation Expenses	648,338	646,943	1 205							
b c	Indirect Costs	631,170	631,170	1,395							
d	Bank Charges/Currency Flu	126,012	105,502	1,374	10 126						
_	All other expenses	97,449	67,321	14,711	19,136 15,417						
25		11,064,228	10,699,512	171,523	193,193						
26	Joint costs. Complete this line only if the		10,000,012	111,023	193,133						
	organization reported in column (B) joint costs										
	from a combined educational campaign and fundraising solicitation. Check here ▶ if										
	following SOP 98-2 (ASC 958-720)										
DAA	The second secon				Form 990 (2014)						

P	Part X Balance Sheet							
		Check if Schedule O contains a response or note	to any li	ne in this Part X				
						(A) Beginning of year		(B)
•	Τ.							End of year
	1	Cash—non-interest bearing				2,703,731		2,464,313
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				E40 040	3	
	4	Accounts receivable, net		713,218	4	341,193		
	5	Loans and other receivables from current and former o						
		trustees, key employees, and highest compensated en						
		Complete Part II of Schedule L		5				
	6	Loans and other receivables from other disqualified per						
		4958(f)(1)), persons described in section 4958(c)(3)(B)		·	and			
		sponsoring organizations of section 501(c)(9) voluntary						
र्		organizations (see instructions). Complete Part II of Sc					6	***************************************
Assets	7	Notes and loans receivable, net					7	12,000
⋖	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				11,263	9	19,238
	10a	Land, buildings, and equipment: cost or			:			
		other basis. Complete Part VI of Schedule D	10a	1,140, 278,	<u>589</u>			
	b	Less: accumulated depreciation	10b	278,	161	858,341	10c	862,428
	11	investments—publicly traded securities					11	
	12	Investments—other securities. See Part IV, line 11					12	
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11	, ,	500		6,676		
	16	Total assets. Add lines 1 through 15 (must equal line 3		4,287,053		3,705,848		
	17	Accounts payable and accrued expenses		720,820	17	463,254		
	18	Grants payable					18	
	19	Deferred revenue				80,743	19	86,064
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV					21	
es	22	Loans and other payables to current and former officer						
Liabilities	İ	trustees, key employees, highest compensated employ	ees, and					
<u>.</u> ë		disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated this	rd parties				23	
	24	Unsecured notes and loans payable to unrelated third	parties				24	
	25	Other liabilities (including federal income tax, payables						
		parties, and other liabilities not included on lines 17-24				6 605		10 500
		of Schedule D				6,625 808,188		10,538
	26	Total liabilities. Add lines 17 through 25				000,100	26	559,856
Ş		Organizations that follow SFAS 117 (ASC 958), che complete lines 27 through 29, and lines 33 and 34.	ck nere j	► A and				
2	27					1,351,708	~~	1,482,523
ala	27	Unrestricted net assets				2,127,157		1,462,523
B	28 29	Temporarily restricted net assets Permanently restricted net assets				2,121,131	28 29	1,003,409
Ë	29	Organizations that do not follow SFAS 117 (ASC 95	R) chool	k here 🕨 🗍 az	 1d		28	
P		complete lines 30 through 34.	o), cileti	viiose ► ∏ at	ıu			
Š	30	Capital stock or trust principal, or current funds					30	
SSE	31	Paid-in or capital surplus, or land, building, or equipme					31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income,		unds			32	-
ž	33					3,478,865		3,145,992
	34	Total liabilities and net assets/fund balances				4,287,053	34	3,705,848
	, - ,							Form 990 (2014)

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain in

the Single Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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.

b X Form **990** (2014)

3a

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Mercy-USA For Aid & Development, Inc

38-2846307 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (iil) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your governing other support (see support (see abova or IRC section. document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,000,384	7,062,699	9,665,765	8,890,492	10,633,907	43,253,247
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 5	Total. Add lines 1 through 3 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)	7,000,384	7,062,699	9,665,765	8,890,492	10,633,907	43,253,247
6	Public support. Subtract line 5 from line 4.						43,253,247
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	7,000,384	7,062,699	9,665,765	8,890,492	10,633,907	43,253,247
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,227	5,667	31,227	76,143	76,520	199,784
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.) 3,423 22,541 19,121 6,146 11,485 6						
11	Total support. Add lines 7 through 10						43,515,747
12	Gross receipts from related activities, etc.						11,485
13	First five years. If the Form 990 is for the	•	•			,	
800	organization, check this box and stop her tion C. Computation of Public Su						P
		. ,					
14	Public support percentage for 2014 (line 6			n (t))			99.40%
15	Public support percentage from 2013 Schr 33 1/3% support test—2014. If the organ				22 4 (20)	15	99.46%
Ioa	box and stop here. The organization qual			t'			▶ X
b	33 1/3% support test—2013. If the organ						· A
D	check this box and stop here. The organic						▶ □
17a	10%-facts-and-circumstances test—201						············
	10% or more, and if the organization meet	-					
	Part VI how the organization meets the "fa						
	organization			•			▶ □
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization	meets the "facts-a	ınd-circumstances	" test, check this b	ox and stop here.		
	Explain in Part VI how the organization me	eets the "facts-and-	-circumstances" te	st. The organization	on qualifies as a pu	ublicly	
							▶ □
18	Private foundation. If the organization did instructions	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	. \Box

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 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.)

Sec	tion A. Public Support						
Caler	ıdar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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		-3,5				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				1		
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		(,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,	(0) = 0.1.	(1) 15(2)
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	and the state of t					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						,
14	First five years. If the Form 990 is for the organization, check this box and stop her	organization's firs		=		1(c)(3)	b []
Sec	tion C. Computation of Public St		tage				
15	Public support percentage for 2014 (line 8			nn (f))		15	%
16	Public support percentage from 2013 Sch	edule A, Part III, li	ne 15	****************		16	%
Sec	tion D. Computation of Investme	<u>ent Income Pe</u>	rcentage				
17	Investment income percentage for 2014 (I	ine 10c, column (f) divided by line 10	3, column (f))		17	%
18	Investment income percentage from 2013	Schedule A, Part	III, line 17		*****	18	%
19a	33 1/3% support tests—2014. If the orga						_
	17 is not more than 33 1/3%, check this b						.
b	33 1/3% support tests—2013. If the orga						g. energy eng.
	line 18 is not more than 33 1/3%, check th						<u> </u>
20	Private foundation. If the organization die	d not check a box	on line 14, 19a, or	19b, check this be	ox and see instruct	tions	▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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 11a or 11b 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.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

	V	
Elisassas	Yes	No
1		
*******		************
2	**********	
4	500000000000000000000000000000000000000	
3a		
********	***********	
3b		
	**********	************
3c		

4a		
4b		
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	xxxxxxxxxx	×4000000000000000000000000000000000000
4c		***************************************
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5a	33,333,333,333	160000000000000000000000000000000000000
5b		
- F.C		
5c	***************************************	*************
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-		
8		
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9a		
9b		
_ [
9c	80000000000	
1	***************************************	000000000000000000000000000000000000000
10a		

10b		
	1	Z) 2014

Sched	dule A (Form 990 or 990-EZ) 2014 Mercy-USA For Aid & Development, Inc 38-284630	07		Page
	rt IV Supporting Organizations (continued)			V
		******	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		*************
b		11b		
С	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		
	tion B. Type I Supporting Organizations	110	L	1
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		163	NO
	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.	1		
2	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.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
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).	1	***********	
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4	0.0000000000000000000000000000000000000	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
-				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	***************************************	\$30000000	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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.	3		L
Sect	tion 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)):		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	20	***************************************	
b	·	2a		*********
ม	(-y			
	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.	2b	55555555555	***********
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

3a

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.

Cabadula A /Farm 000 at 000 E7) 2014 Mongar-USA For Aid & Dorr	olonmont	Tna 20_2046	207 5 6
Schedule A (Form 990 or 990-EZ) 2014 Mercy-USA For Aid & Deve Part V Type III Non-Functionally Integrated 509(a)(3) Supportin			30 / Page 6
Check here if the organization satisfied the Integral Part Test as a qualifying trust		**************************************	
other Type III non-functionally integrated supporting organizations must complete			
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		1001
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		

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

5

Schedule A (Form 990 or 990-EZ) 2014

4 Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions		***************************************	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purpos								
2	Amounts paid to perform activity that directly furthers exempt purposes	vourous.							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		- Without					
4	Amounts paid to acquire exempt-use assets	X		· · · · · · · · · · · · · · · · · · ·					
- 5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.	White and the second se		***************************************					
7	Total annual distributions. Add lines 1 through 6.	**************************************	·····.						
8	Distributions to attentive supported organizations to which the organiza	tion is responsive	***************************************						
_	(provide details in Part VI). See instructions.								
9	Distributable amount for 2014 from Section C, line 6			***************************************					
10	Line 8 amount divided by Line 9 amount			- 100.000					
***************************************	2,100	(i)	(ii)	(iii)					
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable					
	(444 111411-115)	= 10110410110	Pre-2014	Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6		1 10-2014	Ashount tot AV14					
2	Underdistributions, if any, for years prior to 2014								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014:								
a	Excess distributions carryover, if any, to 2014.								
a									
d									
	From 2012								
	From 2013								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2014 distributable amount								
<u></u>	Carryover from 2009 not applied (see instructions)								
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2014 from Section								
	D, line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2014 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2014, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).								
6	Remaining underdistributions for 2014. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see								
	instructions).								
7	Excess distributions carryover to 2015. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а									
b									
С									
ď	Excess from 2013								
e	Excess from 2014								

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Supplem	ental Infori	mation. Prov	ide the explana part for any ac	ations requir	ed by Part II, lir	ne 10; Part II, line instructions.)	6307 Page 8 e 17a or 17b; and
Part	II, Line	a 10 - C	Other In	come Deta	il			
Gain	on Forei	.gn Curi	cency Fl	uctuation	\$	62,716		
• • • • • • • • • • • • • • • • • • • •								
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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

			, , , , , , , , , , , , , , , , , , ,
M	ercy-USA For Aid & Development, Inc		38-2846307
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to F		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		***************************************
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	**************************************
	funds are the organization's property, subject to the organization's excl	lusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or done	-	
			Yes No
· Pá	art II Conservation Easements.		
	Complete if the organization answered "Yes" to F	form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land area
	Protection of natural habitat	Preservation of a certified histori	c structure
	Preservation of open space	•	
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements	, , , , , , , , , , , , , , , , , , , ,	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incl	luded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/	'06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ition during the
	tax year 🕨		
4	Number of states where property subject to conservation easement is t		
5	Does the organization have a written policy regarding the periodic mon		
	violations, and enforcement of the conservation easements it holds? \dots	(**************************************	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the y	ear
	•		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy t		i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem		nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that of	lescribes the
on.	organization's accounting for conservation easements.	Ulataria I Transcriptor and Other	0111
».D.	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F	Inistorical Treasures, or Other	Similar Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 958), n		hata a a a baad
14	works of art, historical treasures, or other similar assets held for public		
	·		
h	public service, provide, in Part XIII, the text of the footnote to its financi If the organization elected, as permitted under SFAS 116 (ASC 958), to		
D	works of art, historical treasures, or other similar assets held for public	•	
	public service, provide the following amounts relating to these items:	Commonly Conditions of Tesearch III Intill	oranos ur
	•		> ¢
	(ii) Revenues included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pre	wide the
-	following amounts required to be reported under SFAS 116 (ASC 958)		OFIGO IIIU
а			> \$
	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		• \$
			F 🗸

	dule D (Form 990) 2014 Mercy-USA							-t- /tin	Page 2
	rt III Organizations Maintaining Using the organization's acquisition, accession							ets (conun	uea)
J	collection items (check all that apply):					re a significant us	e or its		
а	Public exhibition			exchange pro	-				
b	Scholarly research	е 📙	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how the	ey further the o	organization'	s exempt purpose	in Part		
	XIII.								
	During the year, did the organization solicit or							(······	
	assets to be sold to raise funds rather than to		art of the	e organization	's collection	?		Ye	es 📙 No
Pa	rt IV — Escrow and Custodial Arra	•							
	Complete if the organization 990, Part X, line 21.	answered "Yes'	' to For	m 990, Par	t IV, line 9), or reported a	in amour	nt on Form	1
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	contributions o	r other asse	ts not		***************************************	
	included on Form 990, Part X?							☐ Ye	es No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing to	able:					
	-		_					Amoun	t
С	Beginning balance						1c		
	Additions during the year						1d		
e	Distributions during the year						1e	***************************************	
	Ending balance						1f		
2a	Did the organization include an amount on Fo	orm 990 Part X line	21 for 6	escrow or cust	lodial accoun	nt liahility?		Пу	es No
	If "Yes," explain the arrangement in Part XIII.								- 🗀
	rt V Endowment Funds.			т. пао вест р.	01100011110				
00180088	Complete if the organization	answered "Yes"	to For	m 990 Par	t IV line 1	n			
	Jon	(a) Current year		Prior year	(c) Two ye		ree years bad	'k (e) Fou	r years back
10	Beginning of year balance	(4)	(~)		(4) (100)	(4) 11	#00 J0010 Date	(0)100	70010 0001
			<i></i>						
	Contributions Net investment earnings, gains, and								
	E .								
	losses								
	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
	***************************************						***************************************		
	End of year balance								
	Provide the estimated percentage of the curre	· ·	e (line 1g	g, column (a))	held as:				
	Board designated or quasi-endowment	%							
	Permanent endowment ▶ %								
С	Temporarily restricted endowment ▶	%							
_	The percentages in lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that	are held and	administere	d for the		ĺ	-
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(ii), are the related organizations							3b	
	Describe in Part XIII the intended uses of the		wment f	unds.					
Pa	rt VI Land, Buildings, and Equi								
	Complete if the organization	answered "Yes'	to For	<u>m 990, Par</u>	t IV, line 1	1a. See Form	<u>990, Pa</u>	rt X, line 1	0.
	Description of property	(a) Cost or other b	asis	(b) Cost or o		(c) Accumulate		(d) Book	value
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(investment)		(othe	er)	depreciation			
1a	Land								***************************************
b	Buildings			8:	20,000	81	,999	7.	38,001
C	Leasehold improvements								
	Equipment		****	3:	20,589	196	,162	1:	24,427
		4	- 1			I			

862,428

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2014 Mercy-USA For Aid & Development, Inc 38-2846307

	Complete if the organization answered "Yes" to I (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(2) 555/(10/00	Cost or end-of-year market value
(1) Financial (derivatives		
(2) Closely-he	ld equity interests		
(A)			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(C)			
(D)			
			•
	,,,,		
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" to	Form 000 Part IV line	11c See Form 990 Part V line 13
•	(a) Description of investment	(b) Book value	(c) Method of veluation:
	(a) Description of Investment	(b) book taide	Cost or end-of-year market value
(1)			
(2)			
(3)			·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	E 000 D (N/ P	44.1.0
-	Complete if the organization answered "Yes" to	Form 990, Part IV, line	1
	(a) Description		(b) Book value
(1)			
(2)		***************************************	
(3)	·		
(5)			
(6)			
(7)			
(7)			
(7) (8) (9)			
(8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15.)		
(8) (9)	Other Liabilities.		
(8) (9) Total. (Colum	Other Liabilities. Complete if the organization answered "Yes" to		▶ 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum	Other Liabilities.		11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum	Other Liabilities. Complete if the organization answered "Yes" to		11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X 1. (1) Federal	Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liebility income taxes	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X 1. (1) Federal (2) Tenna	Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability income taxes ant Security Deposits	Form 990, Part IV, line (b) Book value 7,719	▶ 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X 1. (1) Federal (2) Tenna (3) Advan	Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liebility income taxes	Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X 1. (1) Federal (2) Tenna (3) Advar (4)	Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability income taxes ant Security Deposits	Form 990, Part IV, line (b) Book value 7,719	11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X 1. (1) Federal (2) Tenna (3) Advar (4) (5)	Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability income taxes ant Security Deposits	Form 990, Part IV, line (b) Book value 7,719	11e or 11f. See Form 990, Part X,
(8) (9) Total. (Column Part X 1. (1) Federal (2) Tenna (3) Advar (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability income taxes ant Security Deposits	Form 990, Part IV, line (b) Book value 7,719	▶ 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X 1. (1) Federal (2) Tenna (3) Advar (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability income taxes ant Security Deposits	Form 990, Part IV, line (b) Book value 7,719	▶ 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X 1. (1) Federal (2) Tenna (3) Advar (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability income taxes ant Security Deposits	Form 990, Part IV, line (b) Book value 7,719	11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X 1. (1) Federal (2) Tenna (3) Advar (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" to line 25. (a) Description of liability income taxes ant Security Deposits	Form 990, Part IV, line (b) Book value 7,719	

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.

DAA

Schedule D (Form 990) 2014

Schedule D (F	Form 990) 2014	Mercy-US ntal Informatio	SA For AL	d & Deve	elopment	,Inc 38-	2846307	Page 5
Part XIII	Suppleme	ntal Informatio	on (continued)		An-An			
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

Name of the organization

Mercy-USA For Aid & Development.Inc

Employer identification number 38-2846307

	eneral Information rm 990, Part IV, line		itside the l	Jnited States.	Complete if the organization answer	red "Yes" on
1 For grantma	kers. Does the organiz ne grantees' eligibility fo	ation maintain records	ince, and the	selection criteria u	sed to award the	X Yes No
•	kers. Describe in Part vulside the United States	= -	ocedures for i	monitoring the use	of its grants and other	
3 Activities per	Region. (The following	Part I, line 3 table can	be duplicated	d if additional spac	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activ region fundraising in grani	ities conducted in (by type) (e.g., g, program services, evestments, is to recipients d 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 and investments in region
Somalia &	Kenya					
(1)	2	744	Program	Services	Health, Food, Shelter,	7,116,471
Albania (2)	1	2	Program	Services	Economic Dev., Educat	102,397
Bosnia		_	_			
(3)	1	3	Program	Services	Economic Dev., Food	129,991
Lebanon	1	12	Drogram	Samiasa	Venith Education Etc.	101 077
(4) Indonesia		13	Frogram	Services	Health, Education, Etc	121,277
(5)	1	3	Program	Services	Econo.Dev.,Food	105,515
Gaza	_	_				100,010
(6)		1	Program	Services	Education	434,314
Bangladesh						
(7)		1	Program	Services	Food, Shelter, Educatn	86,380
India						
(8)		1	Program	Services	Food, Shelter	19,434
Turkey & S	¦∳ria					
(9)	1	7	Program	services	Food, Shelter, Health	2,566,832
(10)		***				44-14-14-14-14-14-14-14-14-14-14-14-14-1
(11)						
(12)						
(13)						
(14)						
<u>(</u> 15)						
(16)						
(17)						
3a Sub-total	7	775				10,682,611
b Total from continuation sheets to Part I						,
c Totals (add	7	775				10 682 611

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2014 Mercy-USA For Aid & Development, Inc 38-2846307 Partil

Page 2

(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistanco	sfer	rejs	sfer													
(f) Manner of cash disbursement	bank transfer	bank transfer	Bank Transfer													
(e) Amount of cash grant	77,962	17,700	365,000													
(d) Purpose of grant	Education and Food	Food Aid & Winteriza	School Feeding Prog													
(c) Region	Bangladesh	India	Gaza													
(b) IRS code section and EIN (if applicable)																
(a) Name of organization																
-	(1)	(2)	(3)	(4)	(9)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

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Schedule F (Form 990) 2014 Mercy-USA For Aid & Development, Inc 38-2846307

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance E 2 ව **₹** 9 9 8 9 6 9 E (12) E (14) (15) (16) (17) 9

P	art IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) Yes	X No

Schedule F (Form 990) 2014

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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 I, Line 3 - Activities per Region

Region	E	spenditures	Inv	estments
Somalia & Kenya	\$	7,116,471	\$	0
Albania	\$	102,397	\$	0
Bosnia	\$	129,991	\$	0
Lebanon	\$	121,277	\$	0

	Form 990) 2014 Mercy-USA For 1	Aid & Development,In	c 38-2846307		Page
Part V	Supplemental Information Provide the information required by f amounts of investments vs. expendit Part III, column (c) (estimated number information (see instructions).	tures per region); Part II, line 1	(accounting method	l); Part III (acc	ounting method); and
Indon	esia	\$	105,515	\$	0
Gaza		\$	434,314	\$	0
Bangl	adesh	\$	86,380	\$	0
India		\$	19,434	\$	0
Turke	y & Syria	\$	2,566,832	\$	0
Part '	V - Additional Informa	ation			
For G	rants to Organizations	s outside of the D	JSA, all re	cipients	are
regis	tered with their respe	ective National Go	overnments.		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

Mercy-USA For Aid & Development, Inc

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number

38-2846307

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gD Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, the (h) Purpose of grant or assistance X Yes Food Aid in non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Book (e) Amount of noncash assistance 15,500 the selection criteria used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable ო 38-3073638 General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (1) Michigan Muslim Community Council 48073 (a) Name and address of organization 벟 or government 30701 Woodward Ave. Royal Oak Part Part _ € ල 3 9 6 8 6

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SCHEDULE M (Form 990)

Noncash Contributions

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Open To Public Inspection Employer identification number

Mercy-USA For Aid & Development, Inc

38-2846307

	art I Types of Property					
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Melhod of determinin	ng
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution am	ounts
1	Art — Works of art			under.		
2	Art — Historical treasures			*****		
3	Art — Fractional interests					
4	Books and publications				FINA	
5	Clothing and household					
	goods	X		223,980		
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					
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	**	4			
19	Food inventory	X	1	20,036		***************************************
20	Drugs and medical supplies	X	1	2,648,930		
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►()					
26	Other ►()					····
27	Other ►()					
28 29	Other ()			, , , , ,		
29	Number of Forms 8283 received by the paragraphs of Forms 8283 received by the					
	which the organization completed Fo	iiii 0203, i	Part IV, Donee Acknowle	agement	29	
302	During the year, did the organization	racaiva h	r pantribution any areas	hi romaniani in Dani i ituan d	46	Yes No
JVa	28, that it must hold for at least three					
	to be used for exempt purposes for t				•	
b	If "Yes," describe the arrangement in		olding period?	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30a X
31	Does the organization have a gift acc		olicy that requires the re-	vious of any non atomics.		
				•		04 V
32a	Does the organization hire or use this	rd parties d	or related organizations t	n solicit process or soll pe		31 X
		-	_			32a X
b	If "Yes," describe in Part II.		***************************************			32a X
33	If the organization did not report an a	mount in a	column (c) for a type of n	roperty for which column (s	a) is checked	
	describe in Part II.				ay to officered,	
						F

Schedule M (Form 9	990) (2014)	Mercy-	USA F	or Aid	& Deve	elopmen	t,Inc	38-28463	07	Page 2
Part II	the orga	nization is r	eporting i	in Part I, c	olumn (b),	tion require the numbe for any add	r of contri	butions, the n	07 2b, and 33, an umber of items	d whether s received,
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ,

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Mercy-USA for Aid & Development, Inc	38-2846307					
Form 990, Part III, Line 4d - All Other Accomplishment						
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 commun	ities devastated by					
natural and man-made disasters.						
Form 990, Part V, Line 4b - Financial Accounts in Foreig	n Countries					
Albania, Bosnia-Herzegovina, Kenya, Indonesia, Lebanon,	Turkey					
Form 990, Part VI, Line 11b - Organization's Process to	Review Form 990					
The Form 990 is prepared after the completion of the ann	ual independent					
audit by the auditors.						
After it is reviewed by the senior management, the CEO a	and the CFO present					
this Form 990 to the Board of Directors for their review	and final approval					
before it is submitted to the IRS.						
Form 990, Part VI, Line 12c - Enforcement of Conflicts P	olicy					
Board Members and all the Employees are required to disc	lose any potential					
conflict of interest. Depending on the nature of the pot	ential conflict,					
the person may have to resign from the Organization, or,	at the very					
least, is precluded from any discussions or voting relat	ed to that matter.					

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Mercy-USA For Aid & Development, Inc	Employer identification number 38–2846307
Form 990, Part VI, Line 15b - Compensation Proces	
The board of directors, which is solely composed	
approves the Compensation of Organization's CEO a	nd CFO by comparing
salaries paid by similar organizations. This revi	ew is further facilitated
by using Guidestar's or a similar annual Compensa	tion Report, which
analyzes compensation reported by all non profit	entities in their recent
Form 990 filings and breaks it down by type, size	of the organization,
regional location, etc. The Board's decision is r	ecorded in the minutes of
that relevant meeting.	
······································	
Form 990, Part VI, Line 19 - Governing Documents	Disclosure Evolenation
	······································
Recent independent audited financial statements a	
available on the organization's website. Form 102	***************************************
Incorporation and Conflict of Interest Policy are	available upon request.
Reasonable copying and postage fees may be charge	d for these.
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	Page 1 of 1