Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2023 Open to Public Inspection

A	For the	2023 calendar year, or tax year beginning 07/01/23 , and ending 06/30/2			
	Check if ap		_,,	D Employe	r Identification number
$\bar{-}$	Address ch		- 1		
\equiv		Doing hyspess as		86-0	704883
님	Name chan	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number
	Initial return			361-	883-5500
	Final return terminated				
\Box	Amended n	CORPUS CHRISTI TX 78404		G Gross red	epts 11,606,808
\equiv	Application	F Marite and address of principal dincer	H(a) Is this a grou	p return for a	ubordinates? Yes X No
ш	Аррисации	FAID! ONOCIEM			H., H.
		2421 AYERS STREET	H(b) Are all subo		See instructions
		CORPUS CHRISTI TX 78404	-	attacar a nac	366 #130/00/00/13
_	Tax-exemp		-		
1	Website:	AMISSIONOFMERCY.ORG	H(c) Group exem		
	Form of or		ear of formation 19	992	M State of legal domicile: AZ
	art I	Summary			
		riefly describe the organization's mission or most significant activities: TO RESTORE DIGNITY, "HEALING THROUGH LOVE," BY PROVIDING.	C EDER HE	N. T. POLE	CADE
92	٠.	TO RESTORE DIGNITY, "REALING THROUGH LOVE," BY PROVIDING	NG FREE RE		CARCO .
Tall			(
Governance		best this base of the conscionation discontinued the constitution of the constitution			
	2 0	heck this box if the organization discontinued its operations or disposed of more than 25%			15
රේ	3 N	umber of voting members of the governing body (Part VI, line 1a)		4	14
iş.	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		5	42
Activities		otal number of individuals employed in calendar year 2023 (Part V, line 2a)			488
A		otal number of volunteers (estimate if necessary)		-	100
		otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
_	D IV	et diffetated business taxable income from Point 950-1, Part I, line 11	Prior Year		Current Year
	8 C	ontributions and grants (Part VIII, line 1h)	9,005	,227	11,498,078
2	9 P	rogram service revenue (Part VIII, line 2g)	1	,827	1,674
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	30	,745	44,540
ď	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,756	-42,012
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,996	,043	11,502,280
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1–3)	5,833	,857	8,628,878
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0	0
Ø	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,157	,327	2,205,706
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0	0
9	b To	otal fundraising expenses (Part IX, column (D), line 25) 792,706			
ú		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,327		1,354,328
	18 To	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,319		12,188,912
	19 R	evenue less expenses. Subtract line 18 from line 12	-323		-686,632
Net Assets or Fund Balances		A LONG TO A MILL AND	Beginning of Curre		End of Year
Rata	20 To	otal assets (Part X, line 16)	7,334	,944	6,455,917 457,330
10 2	21 To	otal liabilities (Part X, line 26)	6,931		5,998,587
	art II	et assets or fund balances. Subtract line 21 from line 20 Signature Block	0,931	, 120	3,990,301
			-1		and helet is to
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer (other than officer) is based on all information of which preparer I			lowledge and belief, it is
_	- 1	Ast.			17/20/2020
Sig		Signature of officer		Date	46/661
He		JOSE R. TREJO CFO			
ПС		Type or print name and title			
_	_	Print/Type preparer's name Preparer's signature	Date	Check	# PTIN
Paid		WANDA K LYNN, CPA WANDA K LYNN, CPA	12/16/		
	name	DDOME DITTO		m's EIN	25-1644159
	Only	7420 HAYWARD ROAD SUITE 101	FIR	IN P ENS	
	- 1	Firm's address FREDERICK, MD 21702	ns.	one no.	301-696-9449
May		6 discuss this return with the preparer shown above? See instructions	170	N. 186	X Yes No
_		ork Reduction Act Notice, see the separate instructions.	************		Form 990 (2023)
DAA					

om 990 (20	23) MISSION OF MER	CY, INC.	86-	0704883	Page 2
Part III	Statement of Program S Check if Schedule O cont	Service Accomplishme		Part III	X
	describe the organization's mission	n:			
TO RE	STORE DIGNITY, "	HEALING THROUGH	LOVE," BY	PROVIDING FREE	HEALTH CARE.
*					
Did the	organization undertake any signifi	cant program services during	the year which were n	ot listed on the	
	000 or 000 E72				Yes X No
	" describe these new services on				
Did the	organization cease conducting or	r make significant changes in	how it conducts, any p	orogram	
services	\$?				Yes X No
	describe these changes on Sche				
	e the organization's program servi				
	es. Section 501(c)(3) and 501(c)(4			grants and allocations to other	\$,
the tota	I expenses, and revenue, if any, f	or each program service repo	rea.		
la (Code:) (Expenses \$ 10	.831.968 including	grants of \$ 8.	605,743) (Revenue \$	1,674
	CHEDULE O	in a same and a same and a same a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Control of the Contro	4.4

* * * * * * * * *					
b (Code:) (Expenses \$	85 884 including	arante of ¢	23,135) (Revenue \$	
	CHEDULE O		granto or \$		
	<u> </u>		***************************************		
* 1 * 1 * 1 * 1					***********
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		THE PERSON NAMED IN THE PERSON NAMED IN			
c (Code:) (Expenses \$	including	grants of \$) (Revenue \$	********
N/A					

* ******					
* *******	******************************				**********
A 15112.01					
* *****	************************				
*******			************		*************************
* ******			***************		
********		annangamananan			**********************
*******			*****************	*************************	
* *******	************************	annersammen gammane			
d Other p	rogram services (Describe on Sch	nedule O.)		-	
(Expens		including grants of \$)	(Revenue \$)
	rogram service expenses	10,917,852			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 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			3.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			-
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt aggetiation conjugat? If "Van" complete Schodula D. Port IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		46
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI.	10		
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			-
	complete Schedule D. Pert VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
Θ	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			11,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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	١		
4	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		122
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_

	ate 14 Officerials of frequires contestated footienably		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	x	
24a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	28	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	00-		·
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	100		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	1		
0.0	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
а	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		-	
4	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	_	1
,,	204 7704 D and 204 7704 O WW 7	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-		
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			-
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		$ _{\mathbf{x}}$
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		A
,,,	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1		-
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	12		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		**	
DAA	reportable gaming (gambling) winnings to prize winners?	1c	Х п 99	

om	990 (2023) MISSION OF MERCY, INC. 86-0704	<u>883</u>			<u>P</u>	age \$
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	l acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		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
С	If "Yes" to line 5a or 5b, did the organization file Form 8885-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e		1.		.,
	organization solicit any contributions that were not tax deductible as charitable contributions?		*******************	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			}	
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	gooas		-		
	and services provided to the payor?	*****		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS		7.]	v
_	required to file Form 8282?	24		7c		X
d		7d	l	7e		x
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control if the organization received a contribution of qualified intellectual property, did the organization file Fo		20 as required?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization rise re-			7 <u>9</u>	 	
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining			711	17	2.5
0	sponsoring organization have excess business holdings at any time during the year?	u Dy ii		8		
9	Sponsoring organizations maintaining donor advised funds.				Total I	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter.					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which		I			
	the organization is licensed to issue qualified health plans	13b			17.8	
C	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b	-	├-
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					1
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		A 100 a 10	1	1000	v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	incon	ner	16		X
-	If "Yes," complete Form 4720, Schedule O.	ribio =			1	
7	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities and the trust and the trust and the trust and the trust are the trust are the trust are the trust are trust			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Fom	990 (2023) MISSION OF MERCY, INC. 86-0704883				Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	h 7b	below, and	for a '	'No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of			ee insl	ructic	1
_	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management			1	00	1
			4.5		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	-		
	If there are material differences in voting rights among members of the governing body, or			3		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		14			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					v
•	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			3		x
4	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
-4 -5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			۳		
ra	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	r by ti	ne following:	1.5		
а	The appropriate heady?			8a	X	
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 on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter			de.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	******				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling	the fo	m?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done	10121		12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					4
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				L. 1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			(00)	4	
	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				-11	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			11		
	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 PA,MD					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ction	501(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 on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est po	licy,			
	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 recor	ds.				
	OSE R. TREJO 2421 AYERS STREET	A .	261	_00	3_F	Enn
C	DRPUS CHRISTI TX 7840	-8	207	88	ر – د	$\mathbf{J}\mathbf{U}\mathbf{U}$

Form	aan	(2023)	MISSION	OF	MERCY.	TNC
COUL	990	IZUZ31	THUSTON	OT.		

86-0704883

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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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

Check this box if neither the org	anization nor ar	y rel	ated	orga	niza	tion c	om	pensated any current office	r, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle icer a	ss pe	ition more rson is directo	than on a both a trusted Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BRADLEY J. SMITH	i, NMD	\vdash								
AZ MEDICAL DIRECTOR	40.00					x		117,950	0	41,121
(2) SHERRY BOWERS	40.00									
MY BYEC DIDECTOR	0.00			x				99,408	0	32,706
TX EXEC. DIRECTOR (3) MICHAEL T. SULLI	TVAN MD	┼──	-	_				99,400	O O	32,700
(5)111-0111111 1. 5-01111	40.00								'	
MD/PA MED. DIRECTOR	0.00			x				122,136	0	0
(4) ROSLYN KELLUM		П				П				
DENTAL DIRECTOR	40.00					$ \mathbf{x} $		116,323	0	0
(5) LINDA RYAN		П				П				
MD/PA EXEC. DIRECTOR	40.00 0.00			x				107,550	0	0
(6) JOSE R. TREJO										
CFO	2.00			x				81,670	0	21,924
(7) PAULA CARVALHO										
AZ EXEC. DIRECTOR	2.00			x				95,783	0	4,675
(8) ANDY CROCKER										
CUSTR	12.00	· ·		.				20 000	•	^
CHAIR (9) KRIS ANDERSON	0.00	X	_	Х	_	$\vdash \vdash$		20,000	0	0
(a) INTO MIDERSON	4.00									
TREASURER	0.00	x		x				0	0	0
(10) FRANK BLANCHARD										
MEMBER	2.00 0.00	x						0	0	0
(11) TODD BROWN	1									
	2.00							_		
MEMBER	0.00	X						0	0	0

Part VII Section A. Officers	i, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	Estimat of	(F) ed amour other ensation	ni
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	organia	om the zation and organizatio	
(12) MICHAEL BURNS				T			Г					
(12) MEMBER	2.00 0.00	x						0	0			0
	PA											
(13) MEMBER	2.00 0.50	x						0	0			0
(14) DIANA G CONTI		1		 			Н			 		
(14)	2.00			l								
MEMBER	0.00	X	7				L	0	0			0
(15) CYNTHIA K. HI	MESATH, 2.00	וען	М									
MEMBER	0.00	x						0	0			0
(16) KATHLEEN DAY							Г					
(16)	2.00											•
MEMBER (17) LOKESH GOYAL	0.00	X		-		-	-	0	0	 		0
(17) LOKESH GOYAL	2.00											
MEMBER	0.00	x						0	0	<u> </u>		0
(18) LARRY HALL												
(18) VICE CHAIR	4.00 0.50	x		x				0	o	1		0
(19) ANDREW JACOB,												
(19) SECRETARY	4.00 0.50	x		x				0	0			0
1b Subtotal		12			020-50	1		760,820	•		100,	426
c Total from continuation shee		Secti	ion /	Α				,		<u> </u>		
d Total (add lines 1b and 1c)								760,820			100,	426
Total number of individuals (in reportable compensation from			d to 4	thos	e lis	ted a	bov	e) who received more than	\$100,000 of			F 61
3 Did the organization list any fo	emar officer di	mete	r teu	etaa	ko	, emi	nlov	ee or highest compensate	đ		Yes	No
employee on line 1a? If "Yes,"	complete Sched	dule	J for	suc	h ind	dividu	ıal			3		X
4 For any individual listed on line organization and related organ	nizations greater	than	1 \$1 8	50,00	00? /	f "Ye				4	x	
individual 5 Did any person listed on line 1	la receive or ac	crue	com	pens	atio	n fror	n ar	ny unrelated organization o	r Individual			(EV
for services rendered to the or										5		X
Section B. Independent Contracto												
 Complete this table for your five compensation from the organization. 	ve highest comp zation, Report o	ensa ompe	ited ensat	inde tion 1	or th	ient d ie ca	conti Jeno	ractors that received more lar year ending with or with	than \$100,000 of hin the organization's tax y	ear.		
Name and	(A) business address							Descrip	(B) tion of services		(C) Compens	ation
									1	_		
							┞	· -				
							\vdash					
							$oxed{oxed}$					
							\vdash					_
2 Total number of independent of								se listed above) who				8.
received more than \$100,000	of compensation	n fror	n the	e org	aniz	ation	1		0		0.0	

Pa	ırt V		ent of Reversion		ins a r	esponse or note	to any line in this	s Part VIII		
_							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ম ম</u>	1a	Federated camp	paigns		1a			LIE SE DEXI	Recording to	BENESH L
E	h	Membership due	as		1b					
O E	c	Fundraising eve	nts	******	1c	185,979	- W			
ar A	d	Related organiz	ations		1d	145,408				Marie
A E	e	Government grants (or	43 6 3		1e	,				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	gifts, grants,	1000	1f	11,166,691				
들	8	Noncash contributions lines 1a-1f			1g \$	8,663,436	1000000			
	ь						11,498,078			
0 10	- "	Total. Add tilles	14 11			Business Code				DE CONTRACTOR
_	2a	MISCELLANE	NIC DEVENII	E.		900099	1,674	1,674		
Zi.	b					64		<u> </u>		
Program Service Revenue	ľ					600				
	4	* ****************				THE STATE OF THE S				
50	۱ ۵									
Æ		All other program								
							1,674			
_	3	Investment inco						Ī		
	"	other similar am	(atomica)			50.5	48,862			48,862
	4					roceeds	10,002			30,700
	5					000003				
	•	Royalles		(i) Real		(ii) Personal	100 100 100 100 100 100 100 100 100 100			
	6a	Gross rents	6a	Ly room		gry i drootica	110			
		Less: rental expenses	6b							The State of the
	b	•	6c							
	0	Rental inc. or (loss)								
	d 7a	Gross amount from		i) Securities		(ii) Other				
		sales of assets	_ _ `	·	977	(ii) Obies				
m		other than inventory	7a							
Ž	6	Less: cost or other	7b	3	113	4,186				0.00
9,49		basis and sales exps.	7c		136	-4,186				
Other Revenue		Gain or (loss)				•	-4,322	-4,186		-136
the		Net gain or (loss Gross income from					-4,522	4,100		150
0	oa							13 1		
		(not including \$ of contributions rep								
		1c). See Part IV, lin			8a	55,217		10.10		
		Less: direct exp			8b	97,229				
					_		-42,012			-42,012
	1	Gross income fr		dialising (vents	ARREST				231/42
	94	activities. See P		1	9a		1100 1 11			
	۱.	Less: direct exp			9b		2 = 50			
									· ···	
	ı	Gross sales of i		_	ritios					N-100
	Iva	returns and allow	• 1		10a					
	h	Less: cost of go			10b					-12-
		Net income or (I				100000000000000000000000000000000000000				
_	<u>ر</u>	HECHIOTHE UI (I	ossy nunt sak	03 UI IIIVE	andly	Business Code				
ž	11a									
Ze P	h					250				
Miscellaneous Revenue	ľ									
38	, A	All other revenue								
2							-			
		Total revenue.		700000000000000000000000000000000000000			11,502,280	-2,512	C	6,714

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-			(C)	(D)
	nclude amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Gran	nts and other assistance to domestic organizations		-		
and	domestic governments, See Part IV, line 21	3,318	3,318		HELDIN A. C
2 Gra	ants and other assistance to domestic				
indi	ividuals. See Part IV, line 22	8,625,560	8,625,560		
3 Gra	ints and other assistance to foreign				
orga	anizations, foreign governments, and				
fore	eign individuals. See Part IV, lines 15 and 16		1		
	nefits paid to or for members				
	mpensation of current officers, directors,				
trus	stees, and key employees	587,323	242,512	134,775	210,036
	mpensation not included above to disqualified				
pers	sons (as defined under section 4958(f)(1)) and				
pers	sons described in section 4958(c)(3)(B)				
7 Oth	ner salaries and wages	1,274,436	958,853	98,762	216,821
8 Pen	nsion plan accruals and contributions (include				
sect	tion 401(k) and 403(b) employer contributions)				
	ner employee benefits	201,978	155,331	17,886	28,761
	yroll taxes	141,969	92,642	17,278	32,049
	es for services (nonemployees):				
	nagement				
b Leg					
	counting				
d Lob					
	fessional fundraising services. See Part IV, line 17		Y YELL TO		
	estment management fees	1,848		1,848	
	er. (If line 11g amount exceeds 10% of line 25, column				
	amount, list line 11g expenses on Schedule O.)	336,097	151,992	39,625	144,480
	vertising and promotion	3,480	1,377	494	1,609
	ice expenses	169,730	53,380	45,171	71,179
14 Info	ormation technology	68,523	46,425	15,481	6,617
	yalties				<u> </u>
	cupancy	138,660	72,883	33,006	32,771
		29,306	9,893	12,329	7,084
	yments of travel or entertainment expenses		7,000		. ,
	any federal, state, or local public officials		i		
	nferences, conventions, and meetings				
	100.00	2,658	1,050	846	762
	erest yments to affiliates	2/000	2,000		
	preciation, depletion, and amortization	185,937	170,872	9,656	5,409
		155,952	137,420	12,220	6,312
24 Oth	urance er expenses. Itemize expenses not covered	133,332	137,420		0,011
	ove. (List miscellaneous expenses on line 24e, If				
	24e amount exceeds 10% of line 25, column				
	amount, list line 24e expenses on Schedule O.)	57,801	49,571	5,337	2,893
1.00	REPAIRS & MAINTENANCE	40,856	40,856	3,331	2,09-
2.54	MEDICAL & DENTAL SUPPLIES			7,242	11,153
7.77	BOOKS & SUBSCRIPTIONS	35,848	17,453	15,084	8,136
1.00	BANK CHARGES	34,221	11,001	11,314	6,634
	other expenses	93,411	75,463		792,706
	at functional expenses, Add lines 1 through 24e	12,188,912	10,917,852	478,354	192,100
	nt costs, Complete this line only if the anization reported in column (B) joint costs				
	n a combined educational campaign and				
	draising solicitation. Check here if				
follo	owing SOP 98-2 (ASC 958-720)				Form 990 (202

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 69,274 47,006 1 Cash—non-interest-bearing 1,354,636 2,059,520 Savings and temporary cash investments 2 Pledges and grants receivable, net 392,767 218,861 3 73,703 73,703 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 979,166 1,094,943 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 1,839,909 10a b Less: accumulated depreciation 10b 1,213,789 463,959 626,120 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 300,723 336,569 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 3,017,826 2,681,811 Other assets. See Part IV, line 11 15 15 7,334,670 6,455,917 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 169,430 17 208,165 17 Accounts payable and accrued expenses Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 233,514 249,165 of Schedule D 25 402,944 457,330 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,737,182 2,645,292 27 Net assets without donor restrictions 4,194,544 3,353,295 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 6,931,726 32 5,998,587 32 Total net assets or fund balances 6,455,917 7.334.670 | 33 Total liabilities and net assets/fund balances

Form 990 (2023)

om	1 990 (2023) MISSION OF MERCY, INC. 86-0704883	<u> </u>		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)		11,50	(2,2)	<u> 88</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,18		
3	Revenue less expenses, Subtract line 2 from line 1	3		36,€	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,93		
5	Net unrealized gains (losses) on investments	5		32,9	
6	Donated services and use of facilities	6	-21	79,4	119
7	Investment expenses	_			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	5,99	98,5	<u> 87</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 4.2		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.		11 - 22		32
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			.,	
þ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			V	
	separate basis, consolidated basis, or both.			100	
	Separate basis X Consolidated basis Both consolidated and separate basis		mare		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.		11.00		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	\dashv	X
Ъ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

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Part VII Section A. Officers			s, K		mpl	oyee	s, a	and Highest Compensated					ago c
					C)		- 11						
(A)	(8)			check				(D)	(E)		(F)		
Name and title	Average hours	box, unless person is both an officer and a director/trustee)							Estir	nated of oth			
	per week (list any	9 2	्र इ	9	χ _e γ	35	Ę,	from the organization (W-2/	from related organizations (W-2/	_ ~	mpens from t		
	hours for related	individual or director	Institutional	Officer	9	bloyee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		anizatio	n and nization	ıs
	organizations	3 5	_		employee	duo.		103544201	1005-1120)				
	dotted line)	trustae	trustee		"	Highest compensated employee							
(20) RICHARD B. WI	LDON, J	R.	\vdash	\vdash		_	\vdash			-			
(12)	2.00			'									
MEMBER	0.00	X	<u> </u>	<u> </u>	_	ļ	<u> </u>	0	0				0
(21) EDWARD DOLAN	, DDS, M 2.00	BA	1 I	HA									
(13) MEMBER	0.00	x						0	0				0
(22) JAMES OLSON	0.00		\vdash	\vdash	_	\vdash	\vdash						
(14)	2.00												
MEMBER	0.00	X		<u> </u>	_			0	0				0
(15)	0.00												
		L		$oxed{oxed}$									
(16)													
				L									
(17)													
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>													
(18)													
		\vdash	\vdash										
(19)													
1b Subtotal													
c Total from continuation she				Α									
d Total (add lines 1b and 1c)								<u> </u>		<u></u>			
2 Total number of individuals (in reportable compensation from	44		d to	thos	e lis	ted a	IDOV	e) who received more than	\$100,000 of				
										П		Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"								ee, or nignest compensate	a		3		
4 For any individual listed on line	e 1a, is the sum	of r	epor	table	con	npen	satio						
organization and related organization and related organization and related organization.											4		
5 Did any person listed on line													
for services rendered to the o Section B. Independent Contracto		es,"	con	plete	Sc	hedu	le J	for such person			5		
1 Complete this table for your fi	ve highest comp												
compensation from the organi	Zation, Report ∝ (A) I business address	ompe	ensa	tion f	or th	не са	lend		nin the organization's tax y (B) tion of services	ear.		(C) mperisat	
Name and	l bùsiness address						┢	Descrip	tion of services		Cor	mpierisat	ion
							L						
							\vdash						
							-						
2 Total number of independent	contractors (incl.	ıdina	but	not l	imit4	ed to	the	se listed above) who	<u> </u>	-			
received more than \$100,000													

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MISSION OF MERCY, INC. 86-0704883 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s), (Iv) Is the organization (i) Name of supported an EIN (vI) Amount of fill) Type of organization (v) Amount of monetary listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

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

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

	Part III. If the organization	rails to quality t	inder the tests	listed below, p	lease complete	Part III.)	
	tion A. Public Support					(1) 0000	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,554,878	9,369,752	11,970,154	9,005,227	11,498,078	51,418,089
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,554,878	9,389,752	11,970,154	9,005,227	11,498,078	51,418,089
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						6,656,031
6	Public support, Subtract line 5 from line 4						44,762,058
	tion B. Total Support	() 0040	#1.0000	4 1 2004	4 B 0000	(1) 0000	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	9,554,878	9,389,752	11,970,154	9,005,227	11,498,078	51,418,089
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	similar sources	2,456	1,541	5,578	30,745	48,862	89,182
9	Net income from unrelated business activities, whether or not the business is regularly carried on	98,243	57,805				156,048
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						51,663,319
12	Gross receipts from related activities, etc.	(see instructions)				12	9,542
13	First 5 years. If the Form 990 is for the on						-,
	organization, check this box and stop here		,	-			
Sec	tion C. Computation of Public Su						<u> </u>
14	Public support percentage for 2023 (line 6,	column (f) divided	by line 11, column	(f))		14	86.64 %
15	Public support percentage from 2022 Sche					4.0	93.57 %
16a	33 1/3% support test — 2023. If the organ	nization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization quality	fies as a publicly su	ipported organizati	on			X
b	33 1/3% support test — 2022. If the organ	nization did not che	ck a box on line 13	or 16a, and line 1	15 is 33 1/3% or n	nore, check	-
	this box and stop here. The organization of	qualifies as a public	ly supported organ	nization	***************************************		
17a	10%-facts-and-circumstances test — 20	23. If the organization	on did not check a	box on line 13, 16	Sa, or 16b, and line	e 14 is	
	10% or more, and if the organization meet	s the facts-and-circ	umstances test, ch	eck this box and	stop here. Explair	n in	
	Part VI how the organization meets the facorganization		3	ization qualifies as	, , ,		
b	10%-facts-and-circumstances test — 20			hoy on line 13 16		ad lina	
b	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the					·	
	organization		_		, , ,	•	277 m 27 m 1 m
18	Private foundation. If the organization did						
-	instructions			5 35			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below please complete Part II.)

	If the organization fails to	qualify under t	he tests listed t	pelow, please o	complete Part II	.)	
	tion A. Public Support				1	1	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants,")						_
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						- 8
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			X. I IV			
	line 6.)						
	tion B. Total Support		1				
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				8		
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's first,	second, third, fourt	n, or fifth tax year	as a section 501(c	:)(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su					-	
15	Public support percentage for 2023 (line 8,						%
16	Public support percentage from 2022 Sche						<u>%</u>
	tion D. Computation of Investme						
17	Investment income percentage for 2023 (li					4.0	%
	Investment income percentage from 2022 S		1,,,,,,,				%%
19a	33 1/3% support tests — 2023. If the organization and the control of the control						
L	17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
Ь	line 18 is not more than 33 1/3%, check th						C-2/6
20	Private foundation. If the organization did	•	•	•		_	
	www roundations it the organization did	GIEGN & DOX	v., p., 17, 13a, 01	. Ju, Grock this D	on and occ monde	NALLA TATILITATION	1,51,50

Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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 lines 5b and 5c 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10a		
	10b		
Sche	dule A	(Form 9	90) 2023

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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either abone or logather with persons disscribed on lines 11b and 11b and 11b allow the governing body of a supported organization? b A family member of a person disscribed on line 11a above? c A 35% controlled entity of a person disscribed on line 11a above? 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appear to elect at least a majority of the organization's officers, disletors, or trustees at all times during the tax year? #10b, describe #10b and year interest and person	Par	t IV Supporting Organizations (continued)			- 10
a A person who directly or indirectly controls, either allons or logather with persons described on lines 11b and 11b labour 1 persons described on line 11a above? b A family member of a person described on line 11a above? c A 39% controlled with y of a person described on line 11a above? 1 Did he governited by the person described on line 11a above? Did he governity by the governity or the preventing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization officers, directors, or trustees at all times during the tax year? If No. (Secribe in Part V for the supported organization officers, directors, or trustees at all times during the tax year? If No. (Secribe in Part V for the supported organization officers, directors, or trustees at all times during the tax year? If No. (Secribe in Part V for the supported organization officers, directors, or trustees were affocated among the supported organization or subject to such powers during the tax year all or any supported organization or during the tax year all or any supported organization or during the tax year all or any supported organization or during the tax year all or any supported organization or trustees were affocated among the supported organization or or trustees of each of the organization or directors or trustees of each of the organization or directors or trustees or such organization or trustees or such of the organization organization was vested in the same persons that controlled or menaged the suspense organization org			\Box	Yes	No
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b A family member of a person described on line 11a above? A 35% committed eathyr of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, mambers of the governing body, offices ading in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's efficiency, develors, or fusites at all times during the tax year? If "No," describe in Part VI how the supported organization's efficiency operated, supervised, or controlled the augoritation and the name augoritation organization, describe how the power to regularly appoint or elect at least a majority of the organization and what conditions or resistions, if any, applied to such powers during the key year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization operated organization operated organization of the purposes of the supported organization part of the purposes of the supported organization; the operated, supported, or controlled the supporting organization of the supported organization of the supported organization of the purposes of the supported organization of the supported organization of the purposes of the supported organization of the supported organization of the purposes of the supported organization of the supporting organization of the supported organization of the supported organization of the purposes of the supported organization of the supporting organization of the supported organization of the supporting organization of the supported organization of the date of notification, and the organization of each of the organization or trustees of each of the organization	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regulating appoint or elect at least a majority of the organization officers, directors, or trustees at all times during the tax year if "No", describe in Part VI how the supported organization of the bown in the powers to specific and powers to specific described the organization and more than one supported organization, describe how the three benefit of and arrow remove during the fax year. 2 Did the organization operate for the benefit of and arrow proposed organization of the that he supported organization of the the benefit of any supported organization of the text and provides any supported organization of the supported organization of the supported organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or instees of each of the organization's supported organization's activation or instees of each of the organization's activation and supported organization's the controlled or management of the supporting Organizations are very supported organization's the very supported organization's tax year, (i) a veries in rotice describing the type and amount of support provided during the prior tax year, (ii) a copy of the form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's supported organization's governing documents in effect on the date of notification, to the establish provided? 2 Were any of the organization's electriced in line 2, above, of the organization's provided organizatio		11c below, the governing body of a supported organization?	11a		
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Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's diffeets, directors, or trustees at all times during the tax year? If NP _o , "describe in Part V Into we supported organization in the powers to epicinal and/or more with the supported organization and what conditions or restrictions; if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization that the supported organization and what conditions or restrictions; if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organizations. 3 Section C. Type II Supporting Organizations 4 Week a majority of the organization's directors or trustees turing the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was restricted in the same persons that controlled or management of the supported organization was restricted in the same persons that controlled or management of the supported organization was restricted in the same persons that controlled or management of the supported organization or the date of notification, to the eight not previously provided? 2 Week any of the organization soft supported organizations, by the fast day of the fifth month of the organization or the majority of the provided organization or the supported organization or the supported organization or the s	С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, devotors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(4) effectively operated, supervised, or controlled the organization activities, or trustees are allocated among the supported organization, describe how the powers to appoint ancitor remove officers, directors, or trusteess were allocated among the supported organization, operate for the benefit of any supported organization of these year. 2 Did the organization operate for the benefit of any supported organization (1) "Yes," suplain in Part VI how providing such benefit carried out the purposes of the supported organization(5) that operated, supported, organization (2) controlled the supported organization(6) that operated, supported, organization (2) or only the temperated organization (3) that operated, supported organizations or trustees of each of the organization's supported organization 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 supported organizations and the same persons that controlled or managed the supported organization's supported organizations. By the last day of the fifth month of the organization provide to each of its supported organizations and the same persons that controlled or managed the supported organization's provided to each of its supported organization's governing documents in effect on the date of notification, to the extent not proviously provided? 1 Did the organization in provide to each of its supported organization's provided using the tax year (it) as copy of the Form 990 that was most recently field as of the date of notification, and (it) copies of the organization's provided organization's often, and		provide detail in Part VI.	11c		
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	h		74		
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	Fage
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			See
instructions. All other Type III non-functionally integrated supporting organization	ns must comple	ete Sections A through E	
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		<u> </u>
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection	1 1		
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	_	
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally inte-	grated Type III	supporting organization	
(see instructions).	,,		

Schedule A (Form 990) 2023

Page 7

Parl	Type III Non-Functionally Integrated 509(a)(3)		tions (continued)	-	Fage /
i di	Type in reciri uncucionary integrated coolane)	oupporting organiza	tiono (continuos)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes		 -		
	organizations, in excess of income from activity	<u> </u>		2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets		·	4	
5	Qualified set-aside amounts (prior IRS approval required-provide det	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
	(provide details in Part VI), See instructions.			Н	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	3	Distributable
			Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required—explain in Part VI). See instructions,	EM 6 A			
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021	[{		Ш	
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount			=III()	
	Carryover from 2018 not applied (see instructions)				
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7:				J
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if	MINISTER N			
	any, Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j		24 No. 1 -		
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (For	n 990) 2023	MISSION	OF MERCY,	INC.	8	<u>6-0704883 </u>	Page 8
Part VI	Supplemental IIII, line 12; Part I'B, lines 1 and 2;	V, Section A, line Part IV, Section (V, line 1; Part V,	s 1, 2, 3b, 3c, 4 C, line 1; Part I\ Section B, line	tions required by b, 4c, 5a, 6, 9a, 9 /, Section D, lines 1e; Part V, Sectio additional informa	9b, 9c, 11a, 11b, s 2 and 3; Part IV n D, lines 5, 6, a	and 11c; Part IV, , Section E, lines nd 8; and Part V,	Section 1c, 2a, 2b,
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

86-0704883 MISSION OF MERCY, INC. Organization type (check one): Filers of: Section: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II, See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

PAGE 1 OF 1

Page 2

Name of organization

MISSION OF MERCY, INC.

Employer identification number 86-0704883

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1		\$ 3,826,478	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
2		\$ 1,791,503	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
3		\$ 1,616,926	Person X Payroll Noncash X (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
4	· · · · · · · · · · · · · · · · · · ·	\$ 917,026	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
Livere		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
* ******		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						

Page 3

Name of organization MISSION OF MERCY INC Employer identification number 86-0704883

Part II	Noncash Property (see instructions). Use duplicate		86-0704883 ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PRESCRIPTION & OTC MEDICATION	s 3,826,478	* ***********
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	LAB AND X-RAY SERVICES	s 1,791,503	***********
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PRESCRIPTION AND OTC MEDICATIONS	s 1,610,926	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PRESCRIPTION AND OTC MEDICATIONS	s 917,026	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	• 11.11.	\$	***************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

ame or the organization		Employer Identification number
MISSION OF MERCY, INC.		86-0704883
Part I Organizations Maintaining Donor Advised Fur		
Complete if the organization answered "Yes" on F		
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		<u> </u>
Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that		
funds are the organization's property, subject to the organization's excl		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 dono		Yes No
conferring impermissible private benefit? Part II Conservation Easements	·····	165 100
Complete if the organization answered "Yes" on F	form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the organization (check	all that apply).	
Preservation of land for public use (for example, recreation or educ	ation) Preservation of a historically	important land area
Protection of natural habitat	Preservation of a certified hi	istoric structure
Preservation of open space		
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
a Total number of conservation easements		
b Total acreage restricted by conservation easements	***************************************	2b
c Number of conservation easements on a certified historic structure inclu	uded on line 2a	2c
d Number of conservation easements included on line 2c acquired after 3	uly 25, 2006, and not	100
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3 Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organiza	ition during the
tax year		
Number of states where property subject to conservation easement is I		
5 Does the organization have a written policy regarding the periodic mon		☐ Yes ☐ No
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enfaning consequation a	
Stall and volunteer hours devoted to monitoring, inspecting, handling o	Wolations, and emorang conservation e	rasements during the year
Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easen	ments during the year
Vancation and the second secon		
B Does each conservation easement reported on line 2d above satisfy the	e requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?		Yes No
In Part XIII, describe how the organization reports conservation easeme	the state of the s	
sheet, and include, if applicable, the text of the footnote to the organiza-	ation's financial statements that describes	s the
organization's accounting for conservation easements.		
Part III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets
		an about wade
la If the organization elected, as permitted under FASB ASC 958, not to r	•	
of art, historical treasures, or other similar assets held for public exhibit service, provide in Part XIII the text of the footnote to its financial state.		е от радко
b If the organization elected, as permitted under FASB ASC 958, to repo		heet works of
art, historical treasures, or other similar assets held for public exhibition		
provide the following amounts relating to these items.	, covered of research in future ander	- pasie corrido,
(i) Revenue included on Form 990, Part VIII, line 1		\$

If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	
following amounts required to be reported under FASB ASC 958 relating		
a Revenue included on Form 990, Part VIII, line 1		\$
h Assets included in Form 990 Part X	***************************************	\$

)15							
che	dule D (Form 990) 2023 MISSION OI	MERCY, I	NC.	86-07	04883		Page 2
_	ert III Organizations Maintaining		****		·	(continu	
3	Using the organization's acquisition accession collection items (check all that apply).						•
а	Public exhibition	ا □ اه	oan or exchange progr	ram			
b	Scholarly research	, H	Other				
c	Preservation for future generations	, L.			*1271797****		
4	Provide a description of the organization's coll	ections and explain	how they further the or	manization's exempt o	umose in Part		
•	XIII.	oodono and oxpani	11011 11103 1212101 1110 01	ganzadon o oxompt p	.,,		
5	During the year, did the organization solicit or	receive donations o	f art historical treasure	s or other similar			
•	assets to be sold to raise funds rather than to					Yes	No No
Pa	art IV Escrow and Custodial Arra		air air air aigeil				
	Complete if the organization a		on Form 990. Part	IV. line 9, or repo	rted an amount	on Form	
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodial	n or other intermedia	ary for contributions or	other assets not			
						Yes	No No
Ь	If "Yes," explain the arrangement in Part XIII a	nd complete the following	lowing table.				_
			_			Amount	
С	Beginning balance				1c		
	Additions during the year						
e	Distributions during the year				10		
	Ending balance				1f		
	Did the organization include an amount on For					Yes	No
	If "Yes," explain the arrangement in Part XIII.					· —	
	rt V Endowment Funds				Page 6 390000	50.0	
	Complete if the organization a	answered "Yes"	on Form 990, Part	IV, line 10.			
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	years back
1a	Beginning of year balance	276,239	249,684	5,151			
	Contributions			281,250	5,000		
C	Net investment earnings, gains, and				·		
_	losses	38,061	26,555	-34,891	373	3	
d	Grants or scholarships	3,318					
	Other expenditures for facilities and						
	programs						
f	Administrative expenses	1,039	ĺ	1,826	222	2	
	End of year balance	309,943	276,239	249,684	5,151		
2	Provide the estimated percentage of the currel	nt year end balance	(line 1g, column (a)) h	eld as:			
а	Board designated or quasi-endowment	%	•				
b	Permanent endowment 100.00 %						
	Term endowment %						
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.					
3a	Are there endowment funds not in the possess	sion of the organiza	tion that are held and a	administered for the		_	
	organization by:	-					Yes No
						3a(i)	X
						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat						
4	Describe in Part XIII the intended uses of the					10	
Pa	rt VI Land, Buildings, and Equip				<u></u> .		
	Complete if the organization		on Form 990, Part	IV, line 11a. See	Form 990, Part	X, line 10)
	Description of property	(a) Cost or other b	276-11		ccumulated	(d) Book vi	
		(investment)	(other	de	preciation		
1a	Land						
	Dollers						

626,120

626,120

1,213,789

1,839,909

c Leasehold improvements

d Equipment

Part Vil Investments - Other Securities Complete if the organization answered "Yes" on Fo	rm 990 Part IV line	11h See Form 990 Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(0)	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other CATHOLIC COMM. FOUND. ENDOWMEN	309,943	
(A) ARIZONA COMMUNITY FOUNDATION	26,626	
(B)		
(c)		·
(D)		-
(E)		
(F)		· · · · · · · · · · · · · · · · · · ·
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	336,569	
Part VIII Investments - Program Related	330/005/	-
Complete if the organization answered "Yes" on Fo	rm 990 Part IV line	11c See Form 990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation:
(a) coss pass of throughout	(a) book vaso	Cost or end-of-year market value
(4)		
(1)		
(2)	+	
(3)		·
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets Complete if the organization answered "Yes" on Fo	rm 990. Part IV. line	11d. See Form 990, Part X, line 15.
(a) Description	,	(b) Book value
(1) USE OF DONATED FACILITY		2,421,276
(2) OPERATING LEASE ROU ASSE	T	136,666
(3) SECURITY DEPOSIT		123,869
(4)		<u>'</u>
(5)	·	
(6)		
(7)		
(8)		~ · ·
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))		2,681,811
Part X Other Liabilities Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, line	
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) OPERATING LEASE LIABILITY		141,112
(3) FINANCE LEASE LIABILITY	· ·	108,053
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		240 165
	a 4 as	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnot		
organization's liability for uncertain tax positions under FASB ASC 740. Check I	nere if the text of the footi	note has been provided in Part XIII

		0.5 0.504.00		
m 990) 2023 MISSION OF MERCY, INC. Reconciliation of Revenue per Audited Financial Sta				Page 4
Complete if the organization answered "Yes" on Form 99			Luin	
enue, gains, and other support per audited financial statements			1	12,882,159
included on line 1 but not on Form 990, Part VIII, line 12:				
lized gains (losses) on investments	2a	38,310		
services and use of facilities	2b	1,245,317	16.67	
s of prior year grants	2c		(12)	
escribe in Part XIII.)	2d	101,418		
2a through 2d			2e	1,385,045
ine 2e from line 1			3	11,497,114
included on Form 990, Part VIII, line 12, but not on line 1:				
nt expenses not included on Form 990, Part VIII, line 7b	4a	5,166		
scribe in Part XIII.)				
4a and 4b			4c	5,166
nue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,502,280
Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 99			Return	1
			1	13,815,298
included on line 1 but not on Form 990, Part IX, line 25:				
services and use of facilities	2a	1,524,736		
adjustments				
ses	2c	9,584		
scribe in Part XIII.)	2d	97,232		
2a through 2d			2e	1,631,552
ine 2e from line 1			3	12,183,746
included on Form 990, Part IX, line 25, but not on line 1:		The state of the s		
nt expenses not included on Form 990, Part VIII, line 7b	4a	5,166		

4c 5

Part XIII Supplemental Information

e Add lines 2a through 2d 3 Subtract line 2e from line 1

c Add lines 4a and 4b

Subtract line 2e from line 1

Schedule D (Form 990) 2023 MISSION OF MERCY, INC.

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

d Other (Describe in Part XIII.)

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:

d Other (Describe in Part XIII.) e Add lines 2a through 2d

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

Total revenue, gains, and other support per audited financial statements

a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants

a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)

a Donated services and use of facilities b Prior year adjustments

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TO PROVIDE GENERAL SUPPORT TO MISSION OF MERCY IN ARIZONA.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER 97,232 SPECIAL EVENT EXPENSES SHOWN IN EXPENSES SECTION OF FS LOSS ON DISPOSAL OF FIXED ASSETS 4,186 PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSES SHOWN IN EXPENSES SECTION OF FS

5,166

Schedule D (F	om 990) 2023	MISSION	OF MERCY	, INC.	1	86-0704883	Page 5
Part XIII	Supplemen	ntal Informat	OF MERCY ion (continued)	<u> </u>		_	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
1-45155-6555-65							
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				*************			*******

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						***************************************	**************

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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 8a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

lame of the organization MISSION OF MERCY,					Employer identificat 86-07048	83
Form 990-EZ filers are not required				red "Yes" on Form !	990, Part IV, line	17.
1 Indicate whether the organization raised funds through	any of the follow	ing activ	/ities.	Check all that apply.		
a Mail solicitations	e Solicitation	n of no	n-gov	remment grants		
b Internet and email solicitations	f Solicitation	n of go	vernn	nent grants		
с Phone solicitations	g Special f	undraisi	ng ev	ents		
d In-person solicitations	-		_			
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit						Yes No
b If "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization.	(fundraisers) pursu			ments under which the f	undraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	raise cust con	id fund- r have ody or trol of utions?	(hv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vt) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8		:	:			
9						
0						
					_	
State all states in which the organization is registered or registration or licensing.			utions	or has been notified it	is exempt from	I.
registration or receibing.						
						3131313131313131313131313131
***************************************	************		*****			

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

	gross receipts s	greater than \$5,000.			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA	CAMO & COUNTRY	3	(add col. (a) through
d).		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	104,147	53,604	83,445	241,196
	2 Less: Contributions	82,250	44,895	58,834	185,979
	3 Gross income (line 1 minus line 2)	21,897	8,709	24,611	55,217
	4 Cash prizes				
	5 Noncash prizes			627	627
nses	6 Rent/facility costs	4,293	5,963	9,924	20,180
Direct Expenses	7 Food and beverages	24,394	7,655	9,195	41,244
Direct	8 Entertainment	2,400	8,000		10,400
	9 Other direct expenses	12,467	10,950	1,361	24,778
	•	. Add lines 4 through 9 in column (97,229
_	11 Net income summary. Su	ubtract line 10 from line 3, column (aplete if the organization answ	vorad "Voe" on Form 000 R	and IV line 10, or repor	-42,012
P		om 990-EZ, line 6a.	weled tes off Foliff 930, F	artiv, line 15, or repor	ted filore triair
	<u> </u>	T T T T T T T T T T T T T T T T T T T		· · · · · · · · · · · · · · · · · · ·	
			(b) Pull tabs/instant		(d) Total gaming (add
enue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		(a) Bingo		(c) Other gaming	
Revenue	1 Gross revenue	(a) Bingo		(c) Other gaming	
	1 Gross revenue 2 Cash prizes	(a) Bingo		(c) Other gaming	
Expenses		(a) Bingo		(c) Other gaming	
	2 Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo		(c) Other gaming	
Expenses	Cash prizes Noncash prizes	Yes %		(c) Other gaming Yes % No	
Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes %	Yes %	Yes %	
Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	Yes %	Yes % No	Yes % No	
Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary	Yes % No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co	Yes % No	Yes %	col. (a) through col. (c))
© Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the	Yes % No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, or	Yes % No No No No No No No	Yes % No	col. (a) through col. (c))
a e Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income sum Enter the state(s) in which the ls the organization licensed to	Yes % No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co	Yes % No No ctivities: of these states?	Yes % No	col. (a) through col. (c))
a o Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the state organization licensed to if "No," explain:	Yes % No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, or	Yes % No No bingo/progressive bingo	Yes % No	col. (a) through col. (c))
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income sum Enter the state(s) in which th Is the organization licensed t If "No," explain:	Yes % No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co the organization conducts gaming act to conduct gaming activities in each	Yes % No d) citivities: of these states?	Yes % No	col. (a) through col. (c))
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary 18 The organization licensed to the organi	Yes % No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co	Yes % No No civities: of these states?	Yes % No Year?	col. (a) through col. (c)) Yes No

Sche	dule G (Form !	990) 2023	MISSION C	F MERC	Y, INC			86-070488	3	Р	age 3
11										Yes	No
12	Is the organiz	ation a grantor,	beneficiary or trus	stee of a trust	, or a memb	er of a part	nership or other en	tity			
	formed to adi	minister charitat	ole gaming?							Yes	No
13	Indicate the p	ercentage of ga	aming activity con-	ducted in:						1	
а	The organiza	tion's facility							13a		<u>%</u>
b	An outside fa	cility						****	13b		<u>%</u>
14	Enter the nan records:	ne and address	of the person wh	o prepares th	e organizatio	on's gaming	/special events boo	ks and			
	Name						*************	***************************************			
	Address			*******				***************************************			
15a	_			332		•	n receives garning			Yes	□ No
b	If "Yes." enter	r the amount of	gaming revenue i	eceived by the	e organizatio	on \$		and the		L	
	amount of ga	ming revenue re	etained by the thir	d party \$				44444			
С	If "Yes," enter	r name and add	ress of the third p	апу:							
	Name			*******							
	Address			***********				***			
16	Gaming man	ager information	1;								
	Name						******				
	Gaming man	ager compensa	tion \$								
	Description of	f services provid	ded								
	Director/o	officer	Employee		Independe	nt contracto	or				
17	Mandatory di			1 1 2	1.1. 17.4.9 . 41			.			
а							e gaming proceeds			☐ Yes [□ No
h	Enter the am	te gaming licens	ione required unde	r etato lave te	ha dietribut	ad to other	exempt organizatio	ne or		பக்க [
D			vn exempt activitie			e to other	exempt organizatio	WIS OI			
Pa	rt IV S u Pa	pplemental	Information. 9b, 10b, 15b,	Provide the	e explanat		ired by Part I, li ble. Also provide				

						*********		******			

		*************					**************		***********		
					***********	***********			************		
11							1000				SOUTH TOTAL
									Schedule C	(Form 990) 2023

SCHEDULE I (Form 990)

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

Attach to Form 990.

2023

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×

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

OMB No. 1545-0047

Open to Public Inspection Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number Yes 86-0704883 noncash 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. 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) Go to www.irs.gov/Form990 for the latest information. noncash assistance (e) Amount of Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN INC the selection criteria used to award the grants or assistance? MISSION OF MERCY, (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part II Part | € ন্ত 3 3 <u>@</u> 8 9

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

8

6

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

SCHEDULE J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MISSION OF MERCY, INC.

Employer identification number 86-0704883

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1.00		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		1.3	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	-111		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	334		
	Many of the beauty of the desired and the second of the fellows with a second of the s			
D.	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	9-31		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
	explain	10	1821	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			1
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the	109		
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	25 Approval by the sound of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		V	
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<u> </u>	X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III,			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1000		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	168		
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		TE.	
•	compensation contingent on the net earnings of:			
а		6a		X
	The organization? Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.			9 14
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			1
	in Part III	8		X
				-
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	1 2		

INC.

MISSION OF MERCY,

Schedule J (Form 990) 2023

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

86-0704883

Page 2

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

	(B) Breakdown of WL2	(B) Breakdown of W-2 and/or 1099-MSC and/or 1099-NEC commensation	099-NFC compensation	(C) Retinament and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(BXI)—(D)	in column (B) reported as deferred on prior Form 990
Ð	117,50	45	0	0	41,12	159,071	0
1 AZ MEDICAL DIRECTOR (40)	Signature of the second				0	0	0
(0)	0						
(m)							
(H) (H)	0						
(n) (n)	0		Compression of the same	*******************			
(n) 9	0						
(0)	0					***************************************	
(u) R	0						
(n) 8	0						
(0)	0						
(0)							
(0)	D)						
(9)	0						
(0)	0						
(1)	0						
(0)	(1)						
						38	Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 MISSION OF MERCY, INC.	86-0704883 Page 3
e information, explanation, or descriptions required for Part I, lines 1a, 1b, Iditional information.	3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
	Schedule J (Form 980) 2023

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

Attach to Form 990.

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

2023

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MISSION OF MERCY, INC.

Employer identification number 86-0704883

Pa	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on	(d) Method of determining			
		applicable	Rems continues	Form 990, Part VIII, tine 1g	TOTAL STITL CONTROLLECT OF THE	CII II S		
1	Art — Works of art							
2	Art — Historical treasures				<u> </u>			
3	Art Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicity traded				<u> </u>			
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,	:						
	or trust interests			_	•			
12	Securities — Miscellaneous	<u> </u>						
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							
19	Food inventory							
20	Drugs and medical supplies	X	795773	6,354,430	AVERAGE WHOLESAL	E C	DST	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts				<u> </u>			
25	Other (LAB AND XRAY)	X	5586	2,309,006	FAIR MARKET VALU	E		
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by							
	which the organization completed Fo	om 8283,	Part V, Donee Acknowle	edgement	29			
							Yes	No
30a	During the year, did the organization	receive by	y contribution any proper	ty reported in Part I, lines 1	1 through			
	28, that it must hold for at least 3 ye	ars from th	ne date of the initial cont	ribution, and which isn't req	uired to be			
	used for exempt purposes for the en	ntire holding	g period?			30a		X
b	If "Yes," describe the arrangement in	Part II.						
31	Does the organization have a gift ac	ceptance p	oolicy that requires the n	eview of any nonstandard			19	
	contributions?					31	Х	
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncash			
	contributions?					32a		X
b	If "Yes," describe in Part II.					112	W.	
33	If the organization didn't report an ar	mount in co	olumn (c) for a type of p	roperty for which column (a) is checked,			1,000
	describe in Part II.		1111			Щ	LOU	

Part II	Supplen	nental I	nformati	on. Provide	e the inform	nation require	ed by Part I	86-0704883 , lines 30b, 32b	, and 33, and v	Page 2
	or a com	nization ibination	of both.	Also comp	lete this pa	ort for any ac	dditional info	butions, the nur ormation.	nber of items it	eceiveu,
		,,,,,,,,				***********				
				*********	****					

				* 1 / 7 / 4 / 1 / 1 / 1 / 1						
										.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

								,		

4										
				., ., ., ., ., ., .,	***********					
				**********		*************				

SCHEDULE O (Form 990)

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.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Name of the organization

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MISSION OF MERCY, INC.

86-0704883

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

MEDICAL/DENTAL SERVICES AND PRESCRIPTION MEDICATIONS PROVIDED AT NO COST TO

THE SICK, UNINSURED AND UNDER-INSURED POOR, AND HOMELESS THROUGH HEALTH

CLINICS STAFFED PRIMARILY BY VOLUNTEER, LICENSED HEALTHCARE PROFESSIONALS.

BETWEEN JULY 1, 2023 AND JUNE 30, 2024 WE DISPENSED 39,562 PRESCRIPTIONS

AND HAD 19,842 PATIENT VISITS AT 13 CLINIC SITES IN 4 STATES. THE

ORGANIZATION RECEIVES SUBSTANTIAL DONATED RESOURCES TO SUPPORT OUR PATIENT

CARE, INCLUDING \$6,354,430 OF MEDICATION AND MEDICAL SUPPLIES,

\$2,309,006 OF DONATED LAB AND DIAGNOSTIC IMAGING SERVICES, USE OF DONATED

FACILITIES OF \$483,106, \$1,033,530 OF DONATED SERVICES FROM LICENSED

HEALTHCARE PROFESSIONALS THAT PROVIDE THE MEDICAL, DENTAL, AND OPHTHALMIC

SERVICES, AND \$8,100 OF DONATED SERVICES FROM ACCOUNTANTS, ATTORNEYS, AND

OTHER PROFESSIONAL SERVICES. AN ADDITIONAL 11,262 VOLUNTEER HOURS WERE

DONATED FOR ADMINISTRATIVE, FUNDRAISING, AND OTHER PURPOSES THAT HAVE NOT

HAD A VALUE ASSIGNED TO THEM.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

IN ADDITION TO DIRECT HEALTHCARE SERVICES PROVIDED FREE TO PATIENTS, THE

COMMUNITY CONNECTIONS PROGRAM AT OUR CLINICS CONNECTS PATIENTS WITH

ADDITIONAL RESOURCES FROM OTHER PARTNER ORGANIZATIONS, HELPING TO PROMOTE

HEALTH LITERACY, DISEASE MANAGEMENT AND PREVENTION EDUCATION, NUTRITION AND

EXERCISE. WE CONTINUE TO SERVE OUR PATIENTS NEEDS AS POSSIBLE/PRACTICAL.

FOR EXAMPLE, ACTIVITIES DURING THE YEAR ENDED JUNE 30,

2024 INCLUDE:

Name of the organization

MISSION OF MERCY, INC.

Employer identification number

86-0704883

MARYLAND/PENNSYLVANIA PROGRAM

- -108,780 POUNDS OF FOOD, (75% FRESH FRUIT AND VEGETABLES, 25% HEALTHY NON-PERISHABLES) DISTRIBUTED TO 860 FAMILIES (3,650 INDIVIDUALS)
- -PROVIDED FREE COVID-19 TESTING FOR PATIENTS
- -FREDERICK COUNTY HEALTH DEPARTMENT PROVIDED OPIOID ABUSE EDUCATION TO
 PATIENTS AND VOLUNTEERS. DISPENSED NARCAN TO PATIENTS AND VOLUNTEERS UPON
 SUCCESSFUL COMPLETION OF TRAINING.
- -FREDERICK HEALTH PROVIDED FREE ON-SITE BONE DENSITY TESTING.
- -FREDERICK HEALTH PROVIDED ON-SITE HIV TESTING.

ARIZONA PROGRAM

- -PARTNERED WITH ALBERTSONS/SAFEWAY PHARMACIES TO EXPAND VACCINE ACCESS TO INCLUDE INFLUENZA, PNEUMONIA, SHINGLES AND HEP B TO PATIENTS OF NORTH PHOENIX BAPTIST CLINIC.
- -PARTNERED WITH DIGNITY HEALTH EAST VALLEY TO ADMINISTER FREE FLU VACCINES
 TO 111 PATIENTS OF CHANDLER AND MESA CLINICS.
- -COLLABORATED WITH HELPING FAMILIES IN NEED TO PROVIDE COMMUNITY RESOURCES
 AND REFERRALS 1,632 RESOURCE CONTACTS WERE MADE ON BEHALF OF AVONDALE
 CLINIC PATIENTS.
- -CONDUCTED COMPREHENSIVE DIABETES MANAGEMENT, INCLUDING 826 HEALTH
 EDUCATION AND NUTRITION SESSIONS, AND DISTRIBUTED 9,350 LBS OF FRESH
 PRODUCE TO PATIENTS AND FAMILIES. FUNDING AND SERVICE PARTNERS INCLUDED
 DIGNITY HEALTH, BLUE CROSS BLUE SHIELD OF ARIZONA, BHHS LEGACY FOUNDATION,
 KEMPER & ETHEL MARLEY FOUNDATION, GREGORY'S FRESH MARKET AND AZCEND.
 -LAUNCHED A VISION PROGRAM AT OUR MESA CLINIC TO SERVE PATIENTS WITH
 DIABETES 106 PATIENTS WERE SERVED FROM JAN-JUN.
- -CONDUCTED TWO FREE MOBILE MAMMOGRAM EVENTS SERVING 37 WOMEN

TEXAS PROGRAM

PRECEPTORS.

YOUTH AGES 7 AND UP TO 13.

- -INCREASED THE NUMBER OF PATIENTS AND PATIENT VISITS.
- -EXPANDED OUR SERVICES AND OPERATING HOURS TO PATIENTS BY OFFERING
 SCHEDULED APPOINTMENT DAYS, WALK-IN CLINIC DAYS, AND EVENING CLINIC DAYS.
 -INCREASED OUR HEALTHCARE VOLUNTEERS TO 34 IN THE MEDICAL CLINIC, 9 IN THE VISION CLINIC, AND 4 IN THE DENTAL CLINIC.
- -IMPLEMENTED AN ELECTRONIC HEALTH RECORDS SOFTWARE DONATED BY ATHENAHEALTH
 THAT ALLOWS US TO GO FROM PAPER PATIENT FILES TO CLOUD BASED TECHNOLOGY.
 -INCREASED THE NUMBER OF TEXAS UNIVERSITY STUDENTS WANTING TO FINISH THEIR
- -EXPANDED OUR PARTNERSHIPS TO INCLUDE EXERCISE AND EDUCATION CLASSES FOR
- -IMPLEMENTED OUR COMMUNITY WELLNESS EVENTS IN GREGORY AND KINGSVILLE.

 -HELD THE 2ND ANNUAL "HEALTHY HEART FESTIVAL", THE 3RD ANNUAL "PULL FOR MISSION OF MERCY CLAY SHOOT" AND THE 9TH ANNUAL "CAMO & COUNTRY" SPECIAL EVENTS.
- -HELD THE 3RD ANNUAL "OPERATION HEALTH & WELLNESS" COMMUNITY PARTNERSHIP EVENT IN OUR VISION CLINIC. WE WERE 1 OF 3 LOCATIONS AND THE ONLY ONE PROVIDING VISION CARE.
- FORM 990, PART VI, LINE 11B ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE FINANCE COMMITTEE IS PROVIDED WITH COPIES OF THE DRAFT AUDITED
 FINANCIAL STATEMENTS AND DRAFT FORM 990. ALL MEMBERS OF THE EXECUTIVE
 COMMITTEE REVIEW THE AMOUNTS AND DISCLOSURES IN DETAIL AND COMPARE THE
 DRAFT AUDITED FINANCIAL STATEMENTS TO THE DRAFT FORM 990. THE BOARD OF

Name of the organization

MISSION OF MERCY, INC.

Employer identification number

86-0704883

DIRECTORS RECEIVES AND APPROVES THE AUDIT AND 990 AT THE NEXT REGULARLY SCHEDULED BOARD MEETING. ANY QUESTIONS OR CONCERNS ARE COMMUNICATED TO THE INDEPENDENT ACCOUNTANTS AND RESOLVED. THE EXECUTIVE COMMITTEE WILL APPROVE THE AUDITED FINANCIAL STATEMENTS AND FORM 990 WHEN ALL CONCERNS HAVE BEEN ADDRESSED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CFO CIRCULATES THE CONFLICT OF INTEREST POLICY AMONG BOARD MEMBERS

ANNUALLY AND REQUIRES A SIGNED RESPONSE REGARDING ANY CONFLICTS FROM EACH.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

A BOARD COMMITTEE (EXECUTIVE COMMITTEE) ESTABLISHES JOB DESCRIPTION AND

COMPENSATION LEVELS FOR THE CHIEF MEDICAL DIRECTOR, CFO, AND EXECUTIVE

DIRECTORS. THE SAME BOARD COMMITTEE ALSO REVIEWS JOB DESCRIPTIONS AND

COMPENSATION LEVELS ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

A BOARD COMMITTEE (EXECUTIVE COMMITTEE) ESTABLISHES AND REVIEWS THE JOB

DESCRIPTION AND COMPENSATION LEVEL FOR THE CHIEF MEDICAL DIRECTOR, CFO, AND

EXECUTIVE DIRECTORS. ALL COMPENSATION LEVELS OF ALL POSITIONS IN THE

ORGANIZATION ARE COMPARED TO SIMILAR POSITIONS IN THE GEOGRAPHICAL AREA BY

THE CFO. THE ORGANIZATION USES THIRD PARTY RESOURCES WHERE AVAILABLE (IE,

THE PAYROLL SERVICE PROVIDER WILL PROVIDE THIRD PARTY SALARY COMPARISONS).

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

COPIES OF FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE

PUBLIC UPON REQUEST, AND AN ELECTRONIC COPY IN PDF FORMAT IS AVAILABLE FOR

Name of the organization MISSION OF MERCY, INC.	Employer identification number 86-0704883
REVIEW AND PRINTING ON THE ORGANIZATION'S WEBSITE. CONFI	LICT OF INTEREST
POLICY IS ALSO AVAILABLE UPON REQUEST.	
	DACE 4 OF 4
	PAGE 4 OF 4

SCHEDULE R (Form 990)

60015

Related Organizations and Unrelated Partnerships

2023 Open to Public OMB No. 1545-0047 Inspection

Employer identification number

86-0704883

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990. MISSION OF MERCY, INC. Department of the Treasury Internal Revenue Servos Name of the organization Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	ðu;
(1)							
(2)							
(3)	2						
(4)							
(9)							
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ns. Complete if the org the tax year.	anization answ	ered "Yes" on Fo	om 990, Part IV,	line 34, because	e it had	
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charrity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled antity?	(b)(13)
(1) MISSION OF MERCY ARIZONA HEALTH 2421 AYERS STREET CORPUS CHRISTI TX 78404	SUPPORT	AZ	50103	12 A	MISSION OF		
							:
(3)							
(4)							

Schedule R (Form 990) 2023

6

Heartification of Related Organizations Taxable as a Partnership during the lazy year. Heartification of Related Organizations Tratable as a Partnership during the lazy year. Heartification of Related Organizations Tratable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	Ves No	
n of Related Organizations Taxable as a Partnership. Complete if the organization treated as a partnership during the tax year. 10		
n of Related Organizations Taxable as a Partnership. Complete if tad one or more related organizations treated as a partnership during the done or more related organization treated as a partnership during the particular of the control (e) and the		
n of Related Organizations Taxable as a Partnership and one or more related organizations treated as a partnership address of more paintain and one or more related organizations Taxable as a Corporation outly) In of Related Organizations Taxable as a Corporation of related organization of related organization of the control of the co		
and one or more related organizations treated organizations treated organizations treated organizations Taxable as a suse it had one or more related organization (b) Primary activity activity		
ad one or more related or ganzation n of Related Organization N of related organization		
Identification of Reline 34, because it had one of Reline 34, beca		

Schedule R (Form 990) 2023 MISSION OF MERCY, INC.

Part V

86-0704883

Page 3

36.

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or

Schedule R (Form 990) 2023 MM × M Ħ × Ħ × × × × Ħ × ¥8¢ M M × Method of determining amount involved Ę 12 9 皍 19 9 4 10 19 4 19 ÷ ¥ 1 2 # = = REIMBURSEMENT MADE CONTRIBUTION MADE m Performance of services or membership or fundraising solicitations by related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid by related organization(s) for expenses e Loans or loan guarantees by related organization(s) € If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 145,408 109,592 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHN? Transaction type (a-s) Ü QI Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) MISSION OF MERCY ARIZONA HEALTH MERCY ARIZONA HEALTH s Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid to related organization(s) for expenses Verne of related organization r Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) Purchase of assets from related organization(s) i Exchange of assets with related organization(s) Sale of assets to related organization(s) OF Dividends from related organization(s) MISSION _ 3 3 9 € 2 ල 7

Schedule R (Form 990) 2023 MISSION OF MERCY, INC.

86-0704883

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

								-		;	ŀ	
(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(a) Predominant	(e) Are all partners	Share of		(n) Disproportionate		(E)	General or		(K) Percentage
		domicale (state or foreign	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-of-year assets	atocaton		of Schedule K-1 (Form 1065)	managing partner?		Ownership
		(Kuunco	sections 512-514)	Yes No			Yes	No		Yes	°,	
(1)												
	all the second			·								
(2)												
	200											
(3)												
	1111											
(4)												
	20											
(5)												
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