

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)Open to Public
Inspection

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

A For the 2005 calendar year, or tax year beginning

and ending

B Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**MERCY MINISTRIES OF AMERICA, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 111060

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37222-1060**D** Employer identification number**72-0973419****E** Telephone number**(615) 831-6987****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.MERCYMINISTRIES.COM****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS; but if the organization chooses to file a return, be
sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,780,227.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	5,528,217.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 4,661,322. noncash \$ 866,895.)	1d	5,528,217.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	119,335.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶)	7			
	8a	Gross amount from sales of assets other than inventory	(A) Securities	15,380.	8a
	b	Less: cost or other basis and sales expenses	15,613.	8b	
	c	Gain or (loss) (attach schedule)	<233.>	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	<233.>
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a	67,061.	
	b	Less: cost of goods sold	10b	12,865.	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	STMT 2	10c	54,196.	
11	Other revenue (from Part VII, line 103)	11	50,234.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,751,749.		
Expenses	13	Program services (from line 44, column (B))	13	3,488,676.	
	14	Management and general (from line 44, column (C))	14	1,046,903.	
	15	Fundraising (from line 44, column (D))	15	76,891.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	4,612,470.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,139,279.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,110,652.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,249,931.	

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete **Part I** only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization MERCY MINISTRIES OF AMERICA, INC.	Employer identification number 72-0973419
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 111060	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37222-1060	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JUDY WILSON**
Telephone No. ▶ **615-831-6987** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2005** or
▶ ☐ tax year beginning _____, and ending _____
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

Part II Statement of
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 168,890.	118,223.	33,778.	16,889.
26 Other salaries and wages	26 1,675,857.	1,328,221.	313,715.	33,921.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 125,940.	99,710.	23,566.	2,664.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 50,438.	32,645.	17,324.	469.
35 Postage and shipping	35 80,433.	40,479.	39,954.	
36 Occupancy	36 12,820.		12,820.	
37 Equipment rental and maintenance	37 16,575.	14,271.	2,304.	
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings ...	40 107,147.	64,266.	37,175.	5,706.
41 Interest	41 5,313.		5,313.	
42 Depreciation, depletion, etc. (attach schedule)	42 276,949.	207,712.	69,237.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 2,092,108.	1,583,149.	491,717.	17,242.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 4,612,470.	3,488,676.	1,046,903.	76,891.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 4

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a ASSIST AND MEET THE NEEDS OF YOUNG WOMEN FACING UNPLANNED PREGNANCY AND OTHER LIFE-CONTROLLING PROBLEMS, EDUCATE INDIVIDUALS ON THE OPTIONS OF SINGLE PARENTHOOD AND ADOPTION AND PROVIDE ADOPTION SERVICES. DONATED MATERIAL \$111,367

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

3,488,676.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 3,488,676.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	448,751.	45 480,217.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable 47a 253,478.		
	b Less: allowance for doubtful accounts 47b	320,189.	47c 253,478.
	48 a Pledges receivable 48a		48c
	b Less: allowance for doubtful accounts 48b		
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable 51a		51c
	b Less: allowance for doubtful accounts 51b		
	52 Inventories for sale or use	88,621.	52 75,957.
	53 Prepaid expenses and deferred charges	36,013.	53 41,906.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis 55a		55c
	b Less: accumulated depreciation 55b		56
56 Investments - other			
57 a Land, buildings, and equipment: basis 57a 8,611,821.			
b Less: accumulated depreciation 57b 2,052,189.	5,683,035.	57c 6,559,632.	
58 Other assets (describe ▶ OTHER ASSETS)	8,265.	58 765.	
59 Total assets (must equal line 74). Add lines 45 through 58	6,584,874.	59 7,411,955.	
Liabilities	60 Accounts payable and accrued expenses	75,938.	60 65,680.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgage and other notes payable	343,580.	64b 43,349.
	65 Other liabilities (describe ▶ SEE STATEMENT 6)	54,704.	65 52,995.
66 Total liabilities. Add lines 60 through 65)	474,222.	66 162,024.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	5,566,591.	67 6,801,119.
	68 Temporarily restricted	544,061.	68 448,812.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6,110,652.	73 7,249,931.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,584,874.	74 7,411,955.

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	5,764,847.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 7</u>	b4	13,098.
	Add lines b1 through b4	b	13,098.
c	Subtract line b from line a	c	5,751,749.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	5,751,749.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	4,625,568.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>SEE STATEMENT 8</u>	b4	13,098.
	Add lines b1 through b4	b	13,098.
c	Subtract line b from line a	c	4,612,470.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	4,612,470.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NANCY ALCORN PO BOX 111060 NASHVILLE, TN 37222	PRESIDENT 70.00	168,890.	0.	0.
SAM CARR 4425 MERIWEATHER SHREVEPORT, LA 71109	VICE-PRES. 1.00	0.	0.	0.
SUSAN CORDELL 2721 PARGOUD BLVD. MONROE, LA 71201	DIRECTOR 1.00	0.	0.	0.
KATHY CAMPBELL 2947 HILLSBORO ROAD BRENTWOOD, TN 37027	DIRECTOR 1.00	0.	0.	0.
RICH DUNN PO BOX 639 MAUMEE, OH 43537	DIRECTOR 1.00	0.	0.	0.
JOE COOK 1600 DIVISION STREET STE 630 NASHVILLE, TN 37203	DIRECTOR 1.00	0.	0.	0.
LANNY HESTER 5238 LYSANDER LANE BRENTWOOD, TN 37027	DIRECTOR 1.00	0.	0.	0.
GREG MURTHA 1610 S. MARTHA COURT BRENTWOOD, TN 37027	DIRECTOR 1.00	0.	0.	0.