

**FOR TAX YEAR 2022**

MERCY MALL OF VIRGINIA

Compass CPAs of Virginia

9201 Arboretum Pkway Suite 140

North Chesterfield, VA 23236

(804)377-6952

# Compass CPAs of Virginia

9201 Arboretum Pkway Suite 140  
North Chesterfield, VA 23236  
jnester@compasstas.com  
Phone: (804)377-6952 | Fax: (804)377-6954

Mercy Mall Of Virginia  
PO Box 1890  
Midlothian, VA 23113

Invoice Date: 05/09/2023

Your 2022 tax return was prepared by Jaime Taylor, CPA.

**2022 Tax Preparation**

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**Total Fee**

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**Total Balance Due** **0.00**

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May 09, 2023

Mercy Mall Of Virginia  
PO Box 1890  
Midlothian, VA 23113

Subject: Preparation of 2022 Tax Returns

Mercy Mall Of Virginia:

Thank you for choosing Compass CPAs of Virginia to assist with the 2022 taxes for Mercy Mall Of Virginia. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2022 federal and state income tax returns for Mercy Mall Of Virginia. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Mercy Mall Of Virginia, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2022 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (804)377-6952.

Sincerely,

Jaime Taylor, CPA  
Compass CPAs of Virginia

Accepted By:

A handwritten signature in black ink, appearing to be 'J. Taylor', written over a horizontal line.

Officer

**5/10/23**  
Date

# Return of Organization Exempt From Income Tax

## 2022

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **MERCY MALL OF VIRGINIA**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 1890**  
 City or town, state or province, country, and ZIP or foreign postal code  
**MIDLOTHIAN, VA 23113**

**D** Employer identification number  
**46-5556297**

**E** Telephone number  
**(804) 728-2928**

**G** Gross receipts  
\$ **354,859**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **HTTP://MERCYMALLVA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2014** **M** State of legal domicile: **VA**


### Part I Summary

|   |  |   |                                |
|---|--|---|--------------------------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>MERCY MALL SERVES THE HUNGRY, THE HOMELESS, AND THE HURTING BY FILLING PRACTICAL NEEDS, PROVIDING RESOURCES, AND BUILDING RESOURCES. WE PROVIDE CLOTHING, HOUSEHOLD ITEMS, BABY GEAR, TOILETRIES, AND CLEANING SUPPLIES TO INDIVIDUALS AND FAMILIES EXPERIENCING CRISIS SITUATIONS</b> |   |                                |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |                                |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                                    | <b>9</b>                       |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                                    | <b>9</b>                       |
|   | <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>                                    | <b>9</b>                       |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                                    | <b>184</b>                     |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                   | <b>0</b>                       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>  | <b>0</b>                                    |                                |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year<br><b>276,278</b>                | Current Year<br><b>354,859</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  |   | <b>0</b>                       |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |   | <b>0</b>                       |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |   | <b>0</b>                       |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>276,278</b>                              | <b>354,859</b>                 |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |   | <b>0</b>                       |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |   | <b>0</b>                       |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>93,572</b>                               | <b>126,987</b>                 |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |   | <b>0</b>                       |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | <b>22,304</b>                               |                                |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>157,069</b>                              | <b>210,772</b>                 |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>250,641</b>   | <b>337,759</b>                              |                                |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>25,637</b>  | <b>17,100</b>                               |                                |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year<br><b>231,856</b> | End of Year<br><b>240,975</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>1,705</b>                                | <b>2,040</b>                   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>230,151</b>                              | <b>238,935</b>                 |

### Part II Signature Block

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

**Sign Here**

**JEFF JONES**   
Signature of officer

**5/10/23**  
Date

**JEFF JONES, DIRECTOR**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **Jaime Taylor, CPA** Preparer's signature: \_\_\_\_\_ Date: **05-09-2023** Check  if self-employed PTIN: **P00401355**

Firm's name: **Compass CPAs of Virginia** Firm's EIN: \_\_\_\_\_  
 Firm's address: **9201 Arboretum Pkway Suite 140 North Chesterfield VA 23236** Phone no.: **804-377-6952**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:  
**MERCY MALL SERVES THE HUNGRY, THE HOMELESS, AND THE HURTING BY FILLING PRACTICAL NEEDS, PROVIDING RESOURCES, AND BUILDING RESOURCES. WE PROVIDE CLOTHING, HOUSEHOLD ITEMS, BABY GEAR, TOILETRIES, AND CLEANING SUPPLIES TO INDIVIDUALS AND FAMILIES EXPERIENCING CRISIS SITUATIONS**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **163,803** including grants of \$ ) (Revenue \$ )  
**THE PERSONAL SHOPPER EXPERIENCE IS OUR TRADEMARK PROGRAM WHERE CLIENT FAMILIES, AND THE CASE MANAGEMENT THAT WORK WITH THEM, FILL OUT AN ONLINE REQUEST FOR ITEMS THAT ARE OF CRITICAL NEED. THESE ITEMS ARE CAREFULLY SELECTED, PRE-PACKED BY OUR SHOPPING TEAM, AND PICKED UP BY THE CLIENT/CASE MANAGER. DURING THE PICK-UP APPOINTMENT, THE CLIENT IS INVITED INTO OUR HOSPITALITY LOBBIES TO SPEAK WITH ONE OF OUR CLIENT CARE PERSONNEL REGARDING OTHER RESOURCES, ENJOY A BEVERAGE/SNACK, SHOP THE MISCELLANEOUS ITEMS, AND RECEIVE PRAYER. OUR PERSONAL TOUCH AND MESSAGE OF HOPE AND ENCOURAGEMENT IS WHAT SETS US APART. WE SERVED 8050 PEOPLE IN 2022 WITH THE HELP OF OVER 100 VOLUNTEERS AND OVER \$500,000 OF SOLICITED AND UNSOLICITED IN-KIND GIFTS.**

**4b** (Code: ) (Expenses \$ **16,536** including grants of \$ ) (Revenue \$ )  
**ON THE MOVE IS OUR MOBILE MISSION USING A 16-FOOT BOX TRUCK, NAMED "ANNIE" AFTER A VOLUNTEER THAT PASSED AWAY. THE TRUCK IS USED TO HOLD COLLECTION DRIVES FOR SPECIFIC ITEMS AT BUSINESSES AND CHURCHES AND TO HOST DISTRIBUTION EVENTS IN THE COMMUNITY WHERE CLIENTS ARE CONCENTRATED, AS WELL AS PICK UP BLESSINGS OF IN-KIND DONATIONS FROM LOCAL PARTNERS. THIS PROGRAM HELPS OVERCOMES THE OBSTACLE OF TRANSPORTATION FOR OUR CLIENTS AND ALSO PROVIDE A CONVENIENT WAY FOR COMMUNITY MEMBERS TO DONATE THE ITEMS WE DISTRIBUTE THE MOST. IN 2022, WE HELD 6 DISTRIBUTION EVENTS WITH FAMILY ADVOCATES FOR HOMELESS CHILDREN, HOSTED 6 NEIGHBORHOOD/CHURCH COLLECTION DRIVES AND PICKED UP OVER \$500,000 WORTH OF IN-KIND DONATIONS.**

**4c** (Code: ) (Expenses \$ **4,757** including grants of \$ ) (Revenue \$ )  
**OUR WECARE PROGRAM CONTINUES THE CARE AND CONNECTION AFTER THE CLIENT PICK-UP APPOINTMENT. OUR CLIENT CARE TEAM IS AVAILABLE BY TEXT TO OFFER PRAYER, ENCOURAGEMENT, AND FURTHER SUPPORT. THE PROGRAM FOCUSES ON SHARING OTHER COMMUNITY RESOURCES, BIBLE READING HELP, OR LOCATING A CHURCH. THIS PAST YEAR, WE INSTATED TWO PROGRAMS TO OUR WECARE SERVICES: PROJECT PRAISE AND ROOM FOR CHANGE. PROJECT PRAISE PROVIDES A EXTRA SUPPORT AND ENCOURAGEMENT ON THE JOURNEY TO STABILITY AND CAN INCLUDE BUYING NEW WORK BOOTS OR NAVIGATING RESOURCES FOR EMPLOYMENT, ETC. ROOM FOR CHANGE PROVIDES A MUCH NEEDED ROOM REDO AFTER A CHILD HAS BEEN SEXUALLY ASSAULTED IN THEIR ROOM. IN 2022, THESE NEW PROJECTS DIRECTLY IMPACTED 22 FAMILIES.**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ **9,133** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **194,229**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.



| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) |  | 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  | 9  |  |   |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | 2b  |    |  | X |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | 3a  |    |  | X |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .   | 3b  |    |  |   |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .       | 4a  |    |  | X |
| b  | If "Yes," enter the name of the foreign country _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |  |   |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | 5a  |    |  | X |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   | 5b  |    |  | X |
| c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | 5c  |    |  |   |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .  | 6a  |    |  | X |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | 6b  |    |  |   |
| 7  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |  |   |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  | 7a  |    |  | 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 required to file Form 8282? . . . . .   | 7c  |    |  | X |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year. . . . .   | 7d  |    |  |   |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | 7e  |    |  | X |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | 7f  |    |  | X |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | 7g  |    |  | X |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | 7h  |    |  | X |
| 8  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | 8   |    |  | X |
| 9  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |  |   |
| a  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | 9a  |    |  | X |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | 9b  |    |  | X |
| 10   | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |  |   |
| a  | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | 10a |    |  |   |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | 10b |    |  |   |
| 11   | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |  |   |
| a  | Gross income from members or shareholders . . . . .  | 11a |    |  |   |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | 11b |    |  |   |
| 12a  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | 12a |    |  |   |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | 12b |    |  |   |
| 13   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |  |   |
| a  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | 13a |    |  |   |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  | 13b |    |  |   |
| c  | Enter the amount of reserves on hand . . . . .   | 13c |    |  |   |
| 14a  | 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 Schedule O. . . . .   | 14b |    |  |   |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                     | 15  |    |  | X |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.   | 16  |    |  | X |
| 17   | <b>Section 501(c)(21) organizations.</b> Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . .<br>If "Yes," complete Form 6069. | 17  |    |  |   |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records.

TYLER HART (804) 728-2928, 13218 CARTERS GARDEN DR, CHESTERFIELD, VA 23838

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                                      |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) T GRIFFIN SUROWKA<br>DIRECTOR    | 0.63   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (2) LASHAUN GREENE<br>DIRECTOR       | 0.63   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (3) NORA CARROLL<br>DIRECTOR         | 0.63   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (4) JEFF JONES<br>DIRECTOR           | 0.63   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (5) TOM CARROLL<br>DIRECTOR          | 0.63   | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (6) BRENDA GREEN<br>SECRETARY        | 0.63   |   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (7) DENNIS GREEN<br>PRESIDENT        | 0.63   |   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (8) TYLER HART<br>TREASURER          | 0.63   |   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (9) RACHEL RAMIREZ<br>VICE PRESIDENT | 0.63   |   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (10)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (11)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (12)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (13)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (14)                                 |  |   |                       |         |              |                              |        |   |  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (15)   |   |   |                       |         |              |                              |          |   |  |   |
| (16)   |   |   |                       |         |              |                              |          |   |  |   |
| (17)   |   |   |                       |         |              |                              |          |   |  |   |
| (18)   |   |   |                       |         |              |                              |          |   |  |   |
| (19)   |   |   |                       |         |              |                              |          |   |  |   |
| (20)   |   |   |                       |         |              |                              |          |   |  |   |
| (21)   |   |   |                       |         |              |                              |          |   |  |   |
| (22)   |   |   |                       |         |              |                              |          |   |  |   |
| (23)   |   |   |                       |         |              |                              |          |   |  |   |
| (24)   |   |   |                       |         |              |                              |          |   |  |   |
| (25)   |   |   |                       |         |              |                              |          |   |  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |          |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |          |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | <b>0</b> | <b>0</b>  | <b>0</b>   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|   | Yes | No       |
|---|-----|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>  |     | <b>x</b> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> |     | <b>x</b> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>                       |     | <b>x</b> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |  |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a   | Federated campaigns . . . . .   | 1a                   |  |                                      |   |  |
|   | b  | Membership dues . . . . .   | 1b                   |  |                                      |   |  |
|   | c  | Fundraising events . . . . .  | 1c                   | 127,706                                      |                                      |   |  |
|   | d  | Related organizations . . . . .   | 1d                   |  |                                      |   |  |
|   | e  | Government grants (contributions) . .   | 1e                   |  |                                      |   |  |
|   | f  | All other contributions, gifts, grants,<br>and similar amounts not included above         | 1f                   | 227,153                                      |                                      |   |  |
|   | g  | Noncash contributions included in<br>lines 1a-1f . . . . .                                | 1g                   | \$   |                                      |   |  |
|   | h  | <b>Total.</b> Add lines 1a-1f . . . . .   |                      | <b>354,859</b>                               |                                      |   |  |
| Program Service<br>Revenue                                | 2a   | _____   | Business Code        |  |                                      |   |  |
|   | b  | _____   |                      |  |                                      |   |  |
|   | c  | _____   |                      |  |                                      |   |  |
|   | d  | _____   |                      |  |                                      |   |  |
|   | e  | _____   |                      |  |                                      |   |  |
|   | f  | All other program service revenue . . . . .   |                      |  |                                      |   |  |
|   | g  | <b>Total.</b> Add lines 2a-2f . . . . .   |                      |  |                                      |   |  |
| Other Revenue   | 3  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . |                      |  |                                      |   |  |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . . .                              |                      |  |                                      |   |  |
|   | 5  | Royalties . . . . .   |                      |  |                                      |   |  |
|   | 6a   | Gross rents . . . . .   | 6a                   | (i) Real                                     |                                      |   |  |
|   |  |   |                      | (ii) Personal                                |                                      |   |  |
|   |  |   |                      |  |                                      |   |  |
|   | b  | Less: rental expenses . . . . .   | 6b                   |  |                                      |   |  |
|   | c  | Rental income or (loss) . . . . .   | 6c                   |  |                                      |   |  |
|   | d  | Net rental income or (loss) . . . . .   |                      |  |                                      |   |  |
|   | 7a   | Gross amount from<br>sales of assets<br>other than inventory . . . . .                    | 7a                   | (i) Securities                               |                                      |   |  |
|   |  |   |                      | (ii) Other                                   |                                      |   |  |
|   |  |   |                      |  |                                      |   |  |
|   | b  | Less: cost or other basis<br>and sales expenses . . . . .                                 | 7b                   |  |                                      |   |  |
|   | c  | Gain or (loss) . . . . .  | 7c                   |  |                                      |   |  |
|   | d  | Net gain or (loss) . . . . .  |                      |  |                                      |   |  |
| 8a  | Gross income from fundraising<br>events (not including \$ <u>127,706</u><br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | 8a  |                      |  |                                      |   |  |
| b   | Less: direct expenses . . . . .  | 8b  |                      |  |                                      |   |  |
| c   | Net income or (loss) from fundraising events . . . . .   |   |                      |  |                                      |   |  |
| 9a  | Gross income from gaming<br>activities, See Part IV, line 19 . . . . .   | 9a  |                      |  |                                      |   |  |
| b   | Less: direct expenses . . . . .  | 9b  |                      |  |                                      |   |  |
| c   | Net income or (loss) from gaming activities . . . . .  |   |                      |  |                                      |   |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . .   | 10a   |                      |  |                                      |   |  |
| b   | Less: cost of goods sold . . . . .   | 10b   |                      |  |                                      |   |  |
| c   | Net income or (loss) from sales of inventory . . . . .   |   |                      |  |                                      |   |  |
| Miscellaneous<br>Revenue                                  | 11a  | _____   | Business Code        |  |                                      |   |  |
|   | b  | _____   |                      |  |                                      |   |  |
|   | c  | _____   |                      |  |                                      |   |  |
|   | d  | All other revenue . . . . .   |                      |  |                                      |   |  |
|   | e  | <b>Total.</b> Add lines 11a-11d . . . . .   |                      |  |                                      |   |  |
| 12  | <b>Total revenue.</b> See instructions . . . . .   |   | <b>354,859</b>       | <b>0</b>                                     | <b>0</b>                             | <b>0</b>  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

|   |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   |                       |                                 |  |                             |
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .  |                       |                                 |  |                             |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                       |                                 |  |                             |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .  |                       |                                 |  |                             |
| 4   | Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5   | Compensation of current officers, directors, trustees, and key employees . . . . .  |                       |                                 |  |                             |
| 6   | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| 7   | Other salaries and wages . . . . .  | 117,963               | 35,389                          | 70,778                                 | 11,796                      |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .  |                       |                                 |  |                             |
| 9   | Other employee benefits . . . . .   |                       |                                 |  |                             |
| 10  | Payroll taxes . . . . .   | 9,024                 | 2,707                           | 5,415                                  | 902                         |
| 11  | Fees for services (nonemployees):   |                       |                                 |  |                             |
| a   | Management . . . . .  |                       |                                 |  |                             |
| b   | Legal . . . . .   |                       |                                 |  |                             |
| c   | Accounting . . . . .  |                       |                                 |  |                             |
| d   | Lobbying . . . . .  |                       |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 .   |                       |                                 |  |                             |
| f   | Investment management fees . . . . .  |                       |                                 |  |                             |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .  |                       |                                 |  |                             |
| 12  | Advertising and promotion . . . . .   | 3,049                 |                                 |  | 3,049                       |
| 13  | Office expenses . . . . .   | 31,944                |                                 | 31,944                                 |                             |
| 14  | Information technology . . . . .  | 75                    |                                 | 75                                     |                             |
| 15  | Royalties . . . . .   |                       |                                 |  |                             |
| 16  | Occupancy . . . . .   | 78,233                | 70,410                          | 7,823                                  |                             |
| 17  | Travel . . . . .  | 2,697                 | 2,697                           |  |                             |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19  | Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| 20  | Interest . . . . .  |                       |                                 |  |                             |
| 21  | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   | 8,835                 | 8,835                           |  |                             |
| 23  | Insurance . . . . .   | 4,883                 |                                 | 4,883                                  |                             |
| 24  | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| a   | <b>FUNDRAISING</b>  | 6,271                 |                                 |  | 6,271                       |
| b   | <b>BUSINESS RESIGTRATION</b>  | 225                   |                                 | 225                                    |                             |
| c   | <b>DONOR RELATIONS</b>  | 286                   |                                 |  | 286                         |
| d   | <b>CONTRIBUTION</b>   | 73                    |                                 | 73                                     |                             |
| e   | All other expenses  | 74,201                | 74,191                          | 10                                     |                             |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e. .  | 337,759               | 194,229                         | 121,226                                | 22,304                      |
| 26  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)               |                | (B)            |
|---|--|-------------------|----------------|----------------|
|   |  | Beginning of year |                | End of year    |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | <b>203,322</b>    | <b>1</b>       | <b>127,731</b> |
|   | <b>2</b> Savings and temporary cash investments  |                   | <b>2</b>       |                |
|   | <b>3</b> Pledges and grants receivable, net  |                   | <b>3</b>       |                |
|   | <b>4</b> Accounts receivable, net  |                   | <b>4</b>       |                |
|   | <b>5</b> 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 |                   | <b>5</b>       |                |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                   | <b>6</b>       |                |
|   | <b>7</b> Notes and loans receivable, net   |                   | <b>7</b>       |                |
|   | <b>8</b> Inventories for sale or use   |                   | <b>8</b>       |                |
|   | <b>9</b> Prepaid expenses and deferred charges   | <b>3,433</b>      | <b>9</b>       | <b>5,293</b>   |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>28,965</b>     |                |                |
|   | <b>b</b> Less: accumulated depreciation  | <b>12,699</b>     | <b>25,101</b>  | <b>16,266</b>  |
|   | <b>11</b> Investments - publicly traded securities   |                   | <b>11</b>      |                |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   |                   | <b>12</b>      | <b>91,685</b>  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  |                   | <b>13</b>      |                |
|   | <b>14</b> Intangible assets  |                   | <b>14</b>      |                |
|   | <b>15</b> Other assets. See Part IV, line 11   |                   | <b>15</b>      |                |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) | <b>231,856</b>   | <b>16</b>         | <b>240,975</b> |                |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  |                   | <b>17</b>      |                |
|   | <b>18</b> Grants payable   |                   | <b>18</b>      |                |
|   | <b>19</b> Deferred revenue   |                   | <b>19</b>      |                |
|   | <b>20</b> Tax-exempt bond liabilities  |                   | <b>20</b>      |                |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                   | <b>21</b>      |                |
|   | <b>22</b> 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     |                   | <b>22</b>      |                |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                   | <b>23</b>      |                |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                   | <b>24</b>      |                |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | <b>1,705</b>      | <b>25</b>      | <b>2,040</b>   |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | <b>1,705</b>      | <b>26</b>      | <b>2,040</b>   |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>  |                   |                |                |
|   | <b>27</b> Net assets without donor restrictions  |                   | <b>27</b>      |                |
|   | <b>28</b> Net assets with donor restrictions   |                   | <b>28</b>      |                |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>   |                   |                |                |
|   | <b>29</b> Capital stock or trust principal, or current funds   |                   | <b>29</b>      |                |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |                   | <b>30</b>      |                |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   | <b>230,151</b>    | <b>31</b>      | <b>238,935</b> |
|   | <b>32</b> Total net assets or fund balances  | <b>230,151</b>    | <b>32</b>      | <b>238,935</b> |
| <b>33</b> Total liabilities and net assets/fund balances            | <b>231,856</b>   | <b>33</b>         | <b>240,975</b> |                |

**Part XI Reconciliation of Net Assets**

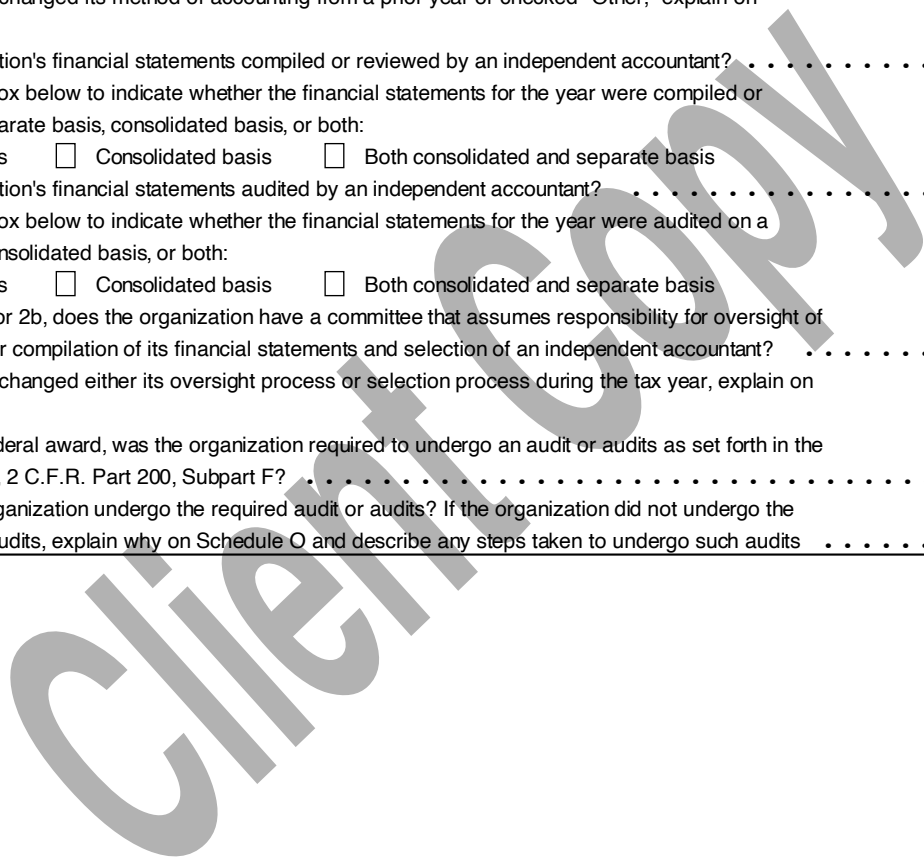
Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |                |
|-----------|--|-----------|----------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>354,859</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>337,759</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>17,100</b>  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>230,151</b> |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | <b>(8,316)</b> |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | <b>0</b>       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | <b>238,935</b> |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|           |   | Yes | No       |
|-----------|---|-----|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | <b>x</b> |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | <b>x</b> |
| <b>c</b>  | 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |     |          |
| <b>3a</b> | 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? . . . . .   |     | <b>x</b> |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .  |     |          |





**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

MERCY MALL OF VIRGINIA

46-5556297

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 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)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

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

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |           |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .  | <b>14</b> | % |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | % |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>   |           |   |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>   |           |   |
| <b>17a 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |   |
| <b>b 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>  |           |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 104,049  | 167,207  | 156,835  | 161,321  | 227,153  | 816,565   |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   | 16,631   | 28,504   | 38,103   | 114,958  | 127,706  | 325,902   |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   | 120,680  | 195,711  | 194,938  | 276,279  | 354,859  | 1,142,467 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .  |          |          |          |          |          |           |
| <b>b</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                     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          | 1,142,467 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   | 120,680  | 195,711  | 194,938  | 276,279  | 354,859  | 1,142,467 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   | 120,680  | 195,711  | 194,938  | 276,279  | 354,859  | 1,142,467 |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |          |
|---|-----------|----------|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 100.00 % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 89.77 %  |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . | <b>17</b> | 0.00 % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . .                     | <b>18</b> | 0.00 % |

- 19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| c   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 7   | 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| b   | 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| c   | 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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)? <i>If "Yes," answer 10b below.</i>  |     |    |
| b   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations (continued)**

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described on line 11a above?  | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                                   | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |  |
|---|-----------|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |           |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |           |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  | <b>3a</b> |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |  |

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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              |                             |
| 4                                | Add lines 1 through 3.   | 4              |                             |
| 5                                | Depreciation and depletion   | 5              |                             |
| 6                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                | Other expenses (see instructions)  | 7              |                             |
| 8                                | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                             |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2022 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---|---|--|---|
| 1   | Distributable amount for 2022 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2022   |  |   |
| a   | From 2017 . . . . .   |  |   |
| b   | From 2018 . . . . .   |  |   |
| c   | From 2019 . . . . .   |  |   |
| d   | From 2020 . . . . .   |  |   |
| e   | From 2021 . . . . .   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2022 distributable amount  |  |   |
| i   | Carryover from 2017 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2022 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2022 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2018 . . . .  |  |   |
| b   | Excess from 2019 . . . .  |  |   |
| c   | Excess from 2020 . . . .  |  |   |
| d   | Excess from 2021 . . . .  |  |   |
| e   | Excess from 2022 . . . .  |  |   |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Client Copy



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022

Name of the organization

MERCY MALL OF VIRGINIA

Employer identification number

46-5556297

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 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

[X] 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

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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).

Name of organization

MERCY MALL OF VIRGINIA

Employer identification number

46-5556297

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | DUPONT SPECIALITY PRODUCTS USA LLC<br>PO BOX 80040<br>WILMINGTON DE 19880               | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| 2          | JOURNEY CHRISTIAN CHURCH<br>3700 PRICE CLUB BLVD<br>MIDLOTHIAN VA 23112                 | \$ 17,500                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| 3          | COMMUNITY FOUNDATION FOR A GREATER<br>7501 BOULDER VIEW DR STE 110<br>RICHMOND VA 23225 | \$ 7,500                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| 4          | SHEEHY AUTO<br>12701 FAIR LAKES CIR<br>FAIRFAX VA 22033                                 | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| 5          | THE BLACKBAUD GIVING FUND<br>65 FAIRCHILD ST<br>CHARLESTON SC 29492                     | \$ 6,695                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |
| 6          | ANTHONY & ANGELA CASSANO<br>2110 GALLOWAY TER<br>MIDLOTHIAN VA 23113                    | \$ 5,036                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><small>(Complete Part II for noncash contributions.)</small> |

Name of organization

MERCY MALL OF VIRGINIA

Employer identification number

46-5556297

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                           | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | VANGUARD CHARITABLE<br>PO BOX 9509<br>WARWICK RI 02889      | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | MRAZ CHARITABLE TRUST<br>PO BOX 12085<br>RICHMOND VA 23241  | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | DIANE REED<br>615 KESTREL CT<br>WOODSTOCK VA 22664          | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | THE HOME DEPOT<br>1386 CARMIA WAY<br>RICHMOND VA 23235      | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | MILTON JONES<br>1808 DORSET RIDGE MEWS<br>POWHATAN VA 23139 | \$ 6,928                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

MERCY MALL OF VIRGINIA

46-5556297

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   | 3,846                                |                                 | 684                          | 3,162          |
| d Equipment . . . . .  | 2,130                                |                                 | 2,130                        |                |
| e Other . . . . .  | 22,989                               |                                 | 9,885                        | 13,104         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | <b>16,266</b>  |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)             | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .   |                |  |
| (3) Other   |                |  |
| (A) <b>FIDELITY</b>   | <b>91,685</b>  |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . | <b>91,685</b>  |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>PAYROLL LIABILITIES</b>  | <b>2,040</b>   |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . | <b>2,040</b>   |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .







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

|                 |  | (a) Event #1  | (b) Event #2                       | (c) Other events              | (d) Total events                |
|-----------------|--|---|------------------------------------|-------------------------------|---------------------------------|
|                 |  | <b>AUCTION</b><br>(event type)  | <b>CONSIGNMENT</b><br>(event type) | <b>NONE</b><br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts . . . . .  | 117,838                            | 5,116                         | 122,954                         |
|                 | 2  | Less: Contributions . . . . .   |                                    |                               |                                 |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                          | 117,838                            | 5,116                         | 122,954                         |
| Direct Expenses | 4  | Cash prizes . . . . .   |                                    |                               |                                 |
|                 | 5  | Noncash prizes . . . . .  |                                    |                               |                                 |
|                 | 6  | Rent/facility costs . . . . .   |                                    |                               |                                 |
|                 | 7  | Food and beverages . . . . .  |                                    |                               |                                 |
|                 | 8  | Entertainment . . . . .   |                                    |                               |                                 |
|                 | 9  | Other direct expenses . . . . .                                       |                                    |                               |                                 |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |                                    |                               |                                 |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . |   |                                    |                               | 122,954                         |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |  |
|-----------------|---|--|---|---|---|--|
|                 |   |  |   |   |   |  |
| Revenue         | 1 | Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | 2 | Cash prizes . . . . .  |   |   |   |  |
|                 | 3 | Noncash prizes . . . . .   |   |   |   |  |
|                 | 4 | Rent/facility costs . . . . .  |   |   |   |  |
|                 | 5 | Other direct expenses . . . . .  |   |   |   |  |
|                 | 6 | Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |   |   |   |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**MERCY MALL OF VIRGINIA**

Employer identification number

**46-5556297**

**01. Officer, directors, etc. family relationship (Part VI, line 2)**

MEMBERS INCLUDE A HUSBAND AND WIFE- DENNIS AND BRENDA GREEN

**02. Governing body decisions (Part VI, line 7b)**

DECISIONS ARE APPROVED BY A QUORUM OF 2/3 OF THE MEMBERS OF THE BOARD OF DIRECTORS EXCEPT  
AS OTHERWISE PROVIDED UNDER THE ARTICLES OR INCORPORATION, BYLAWS OR PROVISION OF LAW.

**03. Form 990 governing body review (Part VI, line 11)**

AT THIS TIME THERE IS NO GOVERNING BODY APPROVAL PROCESS OF THE 990. 990 IS REVIEWED BY  
THE BOOKKEEPER AND TREASURER.

**04. Governing documents, etc, available to public (Part VI, line 19)**

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC AT THIS TIME. BYLAWS ARE BEING  
CHANGED TO ADDRESS THIS IN THE FUTURE.

**05. List of other expenses (Part IX, line 24e)**

|                         |         |
|-------------------------|---------|
| HOUSEWARE & CLOTHES     | \$26165 |
| FOOD & HYGIENE SUPPLIES | \$ 1670 |
| BACK TO SCHOOL          | \$ 2658 |
| CHRISTMAS/AAF           | \$ 4523 |
| PUBLIC ASSISTANCE       | \$ 4757 |
| BOX TRUCK (ON THE MOVE  | \$16536 |
| CASES OF HOPE           | \$ 1952 |
| TEMP WORK               | \$16930 |

Name of the organization

**MERCY MALL OF VIRGINIA**

Employer identification number

**46-5556297**

TOTAL \$75191

Client Copy

# Depreciation and Amortization

(Including Information on Listed Property)  
Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

|  |  |   |
|--|--|---|
| Name(s) shown on return<br><b>MERCY MALL OF VIRGINIA</b> | Business or activity to which this form relates<br><b>FORM 990 - 1</b> | Identifying number<br><b>46-5556297</b> |
|--|--|---|

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   |                              | 1                |
| 2  | Total cost of section 179 property placed in service (see instructions)   |                              | 2                |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  |                              | 3                |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  |                              | 4                |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions |                              | 5                |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  |                              | 8                |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   |                              | 9                |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562   |                              | 10               |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       |                              | 11               |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  |                              | 12               |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |   |  |    |
|----|---|--|----|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. |  | 14 |
| 15 | Property subject to section 168(f)(1) election  |  | 15 |
| 16 | Other depreciation (including ACRS)   |  | 16 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |  |  |    |
|----|--|--|----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022   |  | 99 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |  |    |

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|     |            |  |            |
|-----|------------|--|------------|
| 20a | Class life |  | S/L        |
| b   | 12-year    |  | 12 yrs.    |
| c   | 30-year    |  | 30 yrs. MM |
| d   | 40-year    |  | 40 yrs. MM |

**Part IV Summary (See instructions.)**

|    |   |    |       |
|----|---|----|-------|
| 21 | Listed property. Enter amount from line 28  |    | 8,736 |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions |    | 8,835 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |       |

**For Paperwork Reduction Act Notice, see separate instructions.**

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |   |                            | <b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |                          |                               |                                 |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| (a)<br>Type of property (list vehicles first)   | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only)   | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . |                               |   |                            |  |                        |                          | <b>25</b>                     |                                 |
| <b>26</b> Property used more than 50% in a qualified business use:  |                               |   |                            |  |                        |                          |                               |                                 |
| <b>BOX TRUCK</b>  | <b>12-31-2021</b>             | <b>100.0%</b>                             | <b>22,989</b>              | <b>22,989</b>  | <b>5</b>               | <b>200 DB-MQ</b>         | <b>8,736</b>                  |                                 |
|   |                               | %   |                            |  |                        |                          |                               |                                 |
|   |                               | %   |                            |  |                        |                          |                               |                                 |
| <b>27</b> Property used 50% or less in a qualified business use:  |                               |   |                            |  |                        |                          |                               |                                 |
|   |                               | %   |                            |  |                        | S/L-                     |                               |                                 |
|   |                               | %   |                            |  |                        | S/L-                     |                               |                                 |
|   |                               | %   |                            |  |                        | S/L-                     |                               |                                 |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .   |                               |   |                            |  |                        |                          | <b>28</b>                     | <b>8,736</b>                    |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .  |                               |   |                            |  |                        |                          | <b>29</b>                     |                                 |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|  | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| <b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . . |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>31</b> Total commuting miles driven during the year . . .   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                        |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                  | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .          |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>36</b> Is another vehicle available for personal use?   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

|  |     |    |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .  | Yes | No |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .   |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2022 tax year (see instructions):      |                                 |                           |                     |  |                                   |
|  |                                 |                           |                     |  |                                   |
| <b>43</b> Amortization of costs that began before your 2022 tax year . . . . .                 |                                 |                           |                     |  | <b>43</b>                         |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     |  | <b>44</b>                         |

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**MERCY MALL OF VIRGINIA**

**46-5556297**

Name and title of officer or person subject to tax

**JEFF JONES, DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|   |   |                          |
|---|---|--------------------------|
| <b>1a</b> Form 990 check here . . . . . <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .    | <b>1b</b> <u>354,859</u> |
| <b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                         | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here. . . . . <input type="checkbox"/>        | <b>b Total tax</b> (Form 1120-POL, line 22) . . . . .                                   | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5). . . . .          | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>           | <b>b Balance due</b> (Form 8868, line 3c). . . . .                                      | <b>5b</b> _____          |
| <b>6a</b> Form 990-T check here . . . . . <input type="checkbox"/>          | <b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .                             | <b>6b</b> _____          |
| <b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>           | <b>b Total tax</b> (Form 4720, Part III, line 1). . . . .                               | <b>7b</b> _____          |
| <b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>           | <b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .                 | <b>8b</b> _____          |
| <b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>           | <b>b Tax due</b> (Form 5330, Part II, line 19). . . . .                                 | <b>9b</b> _____          |
| <b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>       | <b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . . | <b>10b</b> _____         |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Compass CPAs of Virginia to enter my PIN 56297 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date 05-08-2023

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

545580 91011

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date 05-09-2023

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**Statement of Program Service Accomplishments****2022** PG01

Name(s) as shown on return

Your Social Security Number

**MERCY MALL OF VIRGINIA****46-5556297****FORM 990-PART III(A)**  
Statement of Service Accomplishment

Statement #4

|   |               |
|---|---------------|
| <b>PROGRAM SERVICE CODE</b>                             |               |
| <b>PROGRAM SERVICE EXPENSES</b>                         | <b>\$4523</b> |
| <b>GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE</b> | <b>\$0</b>    |
| <b>PROGRAM SERVICES REVENUE</b>                         | <b>\$0</b>    |

**EXPLANATION**

ADOPT-A-FAMILY PROGRAM IS A CHRISTMAS PROGRAM THAT CONNECTS SPONSOR GROUPS TO FAMILIES EXPERIENCING CRISES TO PROVIDE ESSENTIAL ITEMS. BESIDES CLOTHING, HOUSEWARES, AND BABY ITEMS, WE TRY TO PROVIDE FULL SIZE PAPER GOODS, CLEANING SUPPLIES, CHRISTMAS ITEMS, BEDS, FOOD GIFT CARDS, AND SPACE HEATERS. GOOD CANDIDATES FOR THIS PROGRAM ARE THOSE WHO HAVE BEEN RECENTLY REHOUSED AFTER BEING HOMELESS, SINGLE MOMS, AND THOSE WHO HAVE EXTENUATING CIRCUMSTANCES AND UNABLE TO GET HELP ELSEWHERE. FAMILIES ARE REFERRED CRISIS CASE MANAGEMENT. THIS YEAR, WE PARTNERED WITH LIBERATION CHURCH TO PROVIDE AN ELF (EVERY LAST FAMILY) SHOP WHERE FAMILIES UNABLE TO RECEIVE CHRISTMAS ITEMS ELSEWHERE ARE INVITED TO SHOP ONE WEEK BEFORE CHRISTMAS. FAMILIES WERE SERVED THROUGH THE CHRISTMAS SEASON. IN 2022, WE UTILIZED THE SUPPORT OF OVER 150 VOLUNTEERS TO SERVE 208 FAMILIES THROUGH THIS PROGRAM.

Client Copy

**Statement of Program Service Accomplishments****2022** PG01

Name(s) as shown on return

Your Social Security Number

**MERCY MALL OF VIRGINIA****46-5556297****FORM 990-PART III(B)**  
Statement of Service Accomplishment

Statement #4

|   |               |
|---|---------------|
| <b>PROGRAM SERVICE CODE</b>                             |               |
| <b>PROGRAM SERVICE EXPENSES</b>                         | <b>\$2658</b> |
| <b>GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE</b> | <b>\$0</b>    |
| <b>PROGRAM SERVICES REVENUE</b>                         | <b>\$0</b>    |

**EXPLANATION**

OUR BACK TO SCHOOL SUPPORT THIS PAST YEAR INCLUDED COLLECTING AND PROVIDING BACKPACKS, UNDERCLOTHING, GYM SHOES, SOCKS, CLOTHING, AND HYGIENE ITEMS TO ANYONE WHO WAS REFERRED TO US DURING THE EARLY FALL TIMEFRAME. WITH OUR BOX TRUCK, ANNIE, WE WERE ABLE TO PRE-PACK AND DISTRIBUTE BACK-TO-SCHOOL NECESSITIES TO THE UNDERSERVED AREA OF PETERSBURG/ETTRICK THROUGH A PARTNERSHIP WITH THE COMMUNITIES IN SCHOOLS TEAM OF TWO COUNTIES AND THE CONCERNED CITIZENS OF ETRICK. IN 2022, WE SERVED 220 STUDENTS OF ALL AGES THROUGH THIS PROGRAM.

Client Copy



**Statement of Program Service Accomplishments**

**2022** PG01

Name(s) as shown on return

Your Social Security Number

**MERCY MALL OF VIRGINIA**

**46-5556297**

**FORM 990-PART III(C)**  
Statement of Service Accomplishment

Statement #4

|   |               |
|---|---------------|
| <b>PROGRAM SERVICE CODE</b>                             |               |
| <b>PROGRAM SERVICE EXPENSES</b>                         | <b>\$1952</b> |
| <b>GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE</b> | <b>\$0</b>    |
| <b>PROGRAM SERVICES REVENUE</b>                         | <b>\$0</b>    |

**EXPLANATION**

CASES OF HOPE IS A PROGRAM WHERE WE ENCASE HOPE IN A PERSONALIZED SUITCASE FULL OF NECESSITIES AND NICETIES FOR INDIVIDUALS BEING RELEASED FROM FOUR DIFFERENT PRISONS, PROGRAMS, AND JAILS. THE INMATE MAELS US SPECIFIC FORMS OUTLINING SPECIFICS NEEDED TO PACK A SUITCASE SPECIFIC TO THE PERSON AND THE SITUATION. THE SUITCASES ARE PACKED BY VOLUNTEERS TO INCLUDE CLOTHING, SHOES, OUTERWEAR, TOILETRIES, BIBLES, AND SPECIAL ITEMS THAT COMMUNICATE A FRESH START, DIGNITY, AND LOVE. THEY ARE PICKED UP BY THE PROGRAM DIRECTOR. WE PRAY OVER THE SUITCASES AND THEIR JOURNEY TO A NEW BEGINNING. WE DISTRIBUTED 373 CASES OF HOPE IN 2022, INCLUDING 200 THAT WERE PACKED IN A 2 MONTH PERIOD OVER THE SUMMER AFTER AN EARLY RELEASE PROGRAM WAS IN EFFECT.

Client Copy

990

**Overflow Statement**

(This page is not filed with the return. It is for your records only.)

2022

Page 1

Name(s) as shown on return

MERCY MALL OF VIRGINIA

FEIN

46-5556297

**Description**

**Amount**

BANK FEES

\$ 10

**Total: \$ 10**

Client Copy