

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0047

**2019**

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type <b>Name of organization (</b> <input type="checkbox"/> <b> Check box if name changed and see instructions.)</b> <b>TENDER MERCIES, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>27 WEST 12TH STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>CINCINNATI, OH 45202</b>	<b>D</b> Employer identification number (Employees' trust, see instructions) <b>31-1137270</b>
		<b>E</b> Unrelated business activity code (See instructions) <b>812930</b>
<b>C</b> Book value of all assets at end of year <b>6,916,600.</b>	<b>F</b> Group exemption number (See instructions.) ▶ _____	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

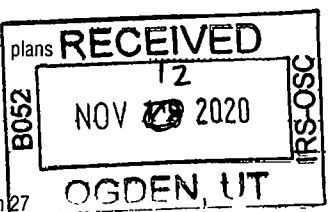
**H** Enter the number of the organization's unrelated trades or businesses. ▶ \_\_\_\_\_ Describe the only (or first) unrelated trade or business here ▶ **DISALLOWED FRINGES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **RUSSELL WINTERS** Telephone number ▶ **513-639-7054**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	0.	

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	<b>Total deductions.</b> Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	0.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	0.



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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include Total of unrelated business taxable income, Amoufnts paid for disallowed fringes, Charitable contributions, etc. Total amount is 0.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, etc. Total amount is 0.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit, Other credits, Total credits, Other taxes, Total tax, 2019 net 965 tax liability paid, Payments (51a-51g), Total payments, Estimated tax penalty, Tax due, Overpayment, etc. Total amount is 167.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 2 columns: Question and Yes/No. Questions include: At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account...; During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 11/14/2020 Title: CEO

Paid Preparer Use Only: Print/Type preparer's name: NATOSHA DILLEY; Preparer's signature: NATOSHA DILLEY; Date: 11/03/20; Check self-employed: [ ] if PTIN: P01225377; Firm's name: CLARK, SCHAEFER, HACKETT & CO.; Firm's EIN: 31-0800053; Firm's address: 4449 EASTON WAY, SUITE 400 COLUMBUS, OH 43219; Phone no.: 614-885-2208