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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open to Public

		of the Treasury nue Service				ov/Form990 for in			-				Open to Put Inspection	
A			dar year, or tax				and endi						•	
B	Check	ıf applicable	C Name of orga	anızatıoı	Mercy	Refugees	House	Inc	c		D	Employer i	dentification nun	nber
	Addres	s change	Doing busine	ess as							46	-1632	2162	
Ħ		change	Number and	street (d	or PO box if ma	ail is not delivered to	street address)	1	Room/su	iite	E	Telephone	number	
Ħ	Initial r	etum	13455 9	4th	Pl NE						(9	909)84	11-2286	
Ħ	Final ret	um/terminated				try, and ZIP or foreign	postal code							
Ħ	Amend	ded return	Kirklan	id,	WA 9803	4					G	Gross rece	ipts \$ 360,"	700.
◻	Applicati	on pending	F Name and a	ddress c	of principal office	er Josef Na	min			H	(a) is this	a group return fo	or subordinates? Yes	B No
_			13455 9	4th	PL NE	Kirkland,	WA 980	34		<u> </u>	(b) Are 8	ill subordinate	as included? Ye	s 🔲 No
1 1	ax-exe	mpt status	X 501(c)(3)		501(c)() ◀ (insert no)	4947(a)(1)	or	527	\mathcal{I}	If "No	o," attach a lis	t (see instructions)	
JV	Vebsite): ▶									<u>`</u>	p exemption i	number	
K F	orm of	organization	Corporate	on 🗌	Trust Ass	sociation ☐ Other ▶	· \	L Yea	ar of form	ation 20	<u> 13</u>	M Stat	e of legal domicile	WA
Р	art I	Summa	iry											
	1	Bnefly descr	nbe the organiz	zation's	mission of mo	est significant activi	ies							
8		To provide education, resources, and safe harbor for refugees of all												
Jan	ł	ethnic, religious backgrounds,												
Governance			<u> </u>	_		inued its operations		of more	e than 2	5% of its n	et asse	ts		_
ő	3	Number of v	oting members	s of the	governing bod	ly (Part VI, line 1a)		- •				3		
ජේ	1		•	•	-	governing body (Par						4		0
Activities &	5					ır year 2017 (Part V						5		0
ξ	6	Total number	er of volunteers	(estim	ate if necessa	ry)						6		0
¥						, column (C), line 1:	2					7a		0.
	b	Net unrelate	d business tax	cable inc	come from For	m 990-T, line 34	<u> </u>	<u>·</u>		<u> </u>	• • •	7b		0.
Revenue									-	Prior Y		. 	Current Ye	
	8		s and grants (I					•	∙	22	0,0	<u>, oc</u>	360,	<u>/00.</u>
	9	_	rvice revenue (•		·					
	10		ncome (Part V						-					
ď	11					l, 8c, 9c, 10c, and			—	22	0 0	20	360	700
	12					ual Part VIII, colum			T .			0,000. 360,70 9,180. 225,10		
						nn (A), lines 1-3)			·	10	9,10	50.	225,	106.
	1	•	and to or for members (Part IX, column (A), line 4)											
Ø	1	•	•		•	•			·					
Expenses			Ū	•	•	A), line 11e) .		•	·					
×			ising expenses	•					-	<u> </u>	8,5	16	144,	201
ш	1		•		• •	.11d, 11f-24e) art IX, column (A), I			·		7,7		369,	
	18					ne 12					2,2			697.
_	19	Revenue les	s expenses. 3	bubliaci	ine to itomi		CEIVE	h	- 1 1	nning of C			End of Yea	
Net Assets or	20	Total accets	(Part X, line 1	16)		1					5,3			636.
Asse	21		es (Part X, line	•] [<u> </u>		<u> </u>			555.
ž.	22		or fund balance		tract line 21 fr	om line 20	2 0 2018	16	SOS	10	5,3	34.	96.	636.
	art II		ure Block	50. 055		L		[8	5		-,,-			
				t I have	examined this re	erum, including acco	npanying sched	uies ar	nd staten	nents, and to	the be	st of my kno	wledge and belief,	it is
tr	ie, com	ect, and comp	lete Declaration	or∕prep	aref (other thad	officer) is based on	all information o	which	⊸/∖ n prepare	r has any kn	owledge) 1		
_		D/V	el //	1/1/1	uen 1	a.4-					81	1/18		
S	ign	Signatur	e of afficer	1000	/						Date	7		
	ere	▶ Jose	ef [√] Namir	n, P	resider	at								
	1		print name and t											
P	aid	Pni	nt/Type preparer	's name		Preparer's signatu	е			Date	Ĭ	Check	rf PTIN	
	repa	rer L				<u> </u>						self-employ	/ed	
	se O		name 🕨								Fırm's	EIN 🕨		
_		- 1	address ▶ Ph					Phone	no					
_														
Ma	y the I	RS discuss t	his return with	the pre	parer shown a	bove? (see instruc	ions)	<u></u>	<u></u>	<u> </u>	<u></u>	<u></u>	Yes	No

For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990** (2017)

rar	Statement of Program Ser Check if Schedule O contains a resp		ort III	
1	Bnefly describe the organization's mission PROVIDE SAFE HARBOR, NATIONALITIES AND ET	RESOURCES, AND		
	NATIONALITIES AND ET	HNICITIES		
2	Did the organization undertake any signific pnor Form 990 or 990-EZ?		ear which were not listed on the	X Yes . No
	Did the organization cease conducting, or services? If "Yes," describe these changes on Scheo	tule O		. Yes 🗷 No
4	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to rep		
4a	(Code) (Expenses \$_369 EDUCATION AND SURVIV	, 398 . including grants of \$_AL RESOURCES TO	225,106.) (Revenue \$REFUGEES	360,700.)
4h	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	, (2,000)		, (Karana)	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Sche (Expenses \$ including	dule O.) grants of \$) (Revenue \$)
4e JYA	Total program service expenses			369,398. Form 990 (2017

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C	Ì		1
	Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6_	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	 7 _		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١.		
	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			_
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		x
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	} ;		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		-	
4=	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	ا مد ا	.	
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	X	
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	4-		•
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	+	X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		7
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- ''		X
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2017) Mercy Refugees House Inc
Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	j l		
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			i
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			•
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ĺ
_	Part IV instructions for applicable filling thresholds, conditions, and exceptions):		-	
d	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	206		X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
00	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		-22
•	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,	<u> </u>	_	
	Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	Ll	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
18/4			000	

Part					
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>		
4.	Fater the number consisted in Pay 2 of Facer 1006. Enter 0, if not applicable	1a (<u></u>	Yes	No
1 a b		1b (3		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	4		
С	reportable gaming (gambling) winnings to prize winners?		1c		İ
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		···		
2 a	· • · · ·	2a (İ	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	į	•
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				\vdash
3 a	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 in Schedule O		3b		† -
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	,	- -	<u> </u>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1		
	account)?		4a		x
b	If "Yes," enter the name of the foreign country		T		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	ts	1		1
	(FBAR)		1		
5 a	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		<u></u> -
6 a	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	İ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
_	gifts were not tax deductible?		6b	1	ļ
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				1
	and services provided to the payor?		7a		1
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c]
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d ()		
θ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	9 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h	<u>L</u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t	he	1_		
	sponsoring organization have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		_		١.
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter:)	
а		10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4	1	1
11	Section 501(c)(12) organizations. Enter	1 1			
а		11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources				ĺ
	,	11b	4		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	l I	12a	<u> </u>	
b	·	12b	4	1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>	_	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ.——	
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	المدا		1	
		13b	-		}
C		13c	+	-	
14 a	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 in Schedule O	<u> </u>	14b	ı	1

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	Vo"		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Section	on A. Governing Body and Management	<u>· · · </u>	- : :	
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			1
	If there are material differences in voting rights among members of the governing body, or	1	1	
	if the governing body delegated broad authority to an executive committee or similar	}]
	committee, explain in Schedule O	1		
b	Enter the number of voting members included in line 1a, above, who are independent)	ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]		1
	any other officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_	<u>.</u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	L	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l		
	one or more members of the governing body?	7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ı		
	the year by the following:]
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No.
	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	-	┼—
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	┼─
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	-	X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	 	+
C	describe in Schedule O how this was done	12c	ł	
42	Did the organization have a written whistleblower policy?	13	 	X
13 14	Did the organization have a written document retention and destruction policy?	14	-	X
15	Did the process for determining compensation of the following persons include a review and approval by	 '	 	┼┻
,,	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official.	15a	1	x
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		i	İ
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	···	1	†
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	1	}
Secti	on C. Disclosure	1	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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			
	Own website Another's website Upon request X Other (explain in Schedule O)			
19	Describe in 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: > (909)	841	-22	286
	Josef Namin 13455 94th PL NE Kirkland WA 98034			

fugees	House	Inc					46-1632162 Page 7
			 	_	 	 	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

Form 990 (2017) Mercy Re:

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definintion of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (B) (D) (E) (A) (F) Position Name and Title (do not check more than one Reportable Reportable Estimated Average compensation compensation from amount of hours per box, unless person is both an eek (list any from related other officer and a director/trustee) organizations compensation employee Individual trustee Institutional trustee Key employee related lighest compensated organization (W-2/1099-MISC) from the director organizations (W-2/1099-MISC) organization below dotted and related organizations (1) Josef Namin 10 President X (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)

Part	VIII	Statement of Revenu	le					
		Check if Schedule O contains	s a response or no	te to any line in this		· · · · · · · · · · · · · · · · · · ·	<u></u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	ta	Federated campaigns	1a					
iai our	b	Membership dues	1b			1		
A F	С	Fundraising events	<u>1c</u>			}		
a E	d	Related organizations	1 <u>1d</u>					
S, E	е	Government grants (contribut	ions) <u>1e</u>					j
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, g	•					
혈	j	and similar amounts not inclu		}]]
a of	g	Noncash contributions include			262 502			Ì
<u>0 8</u>	<u>h</u>	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		360,700.	 		<u> </u>
2				Business Code				
6	2a			<u> </u>				<u> </u>
8	b						· · · · · · · · · · · · · · · · · · ·	
Ž	C					 		
Š	d					 	·	
Program Service Revenue	f	All other program service reve	enue					
ĕ	g			•		†		
	3	Investment income (including						
]	and other similar amounts).		_				{
	4	Income from investment of ta	x-exempt bond pro	ceeds				
	5	Royalties	<u> </u>	<u> </u>				
	i		(ı) Real	(II) Personal		1		
	6a	Gross rents						ĺ
	b	Less. rental expenses	ļ					ļ
	c	Rental income or (loss)	L	<u> </u>				
	d			<u>P</u>		 		
	7a	Gross amount from sales of	(i) Secunties	(ii) Other	-			
	Ι.	assets other than inventory	<u> </u>	-	-			1
	0	Less: cost or other basis	İ	1				1
	١,	and sales expenses . Gain or (loss)		 	1			
	i	Net gain or (loss)	L	•			****	
	ľ	rect gain or (loss)		<u> </u>	<u> </u>			
Jue	8a	Gross income from fundraising	na					
Other Reven		events (not including \$	=					
ž		of contributions reported on la		ļ				1
the t	ļ		a	<u> </u>	_			
0	b	Less: direct expenses	t]			
	C	Net income or (loss) from fun	draising events	<u> </u>		<u> </u>		
	9a	Gross income from gaming a	ctivities.	j]]		}
	Ì	See Part IV, line 19				İ		
		Less direct expenses .				}		<u> </u>
		Net income or (loss) from gain	-			 		
	10a	Gross sales of inventory, less						
	[.	returns and allowances	-		-{			
		Less. cost of goods sold			1			-
	٠	Net income or (loss) from sal Miscellaneous Revenu		Business Code	 	 		
	11a		·	 	 	 		
	b				<u> </u>	 		
	6					 		
	1 -	All other revenue		<u> </u>	1			
		Total. Add lines 11a-11d						
	آمدا		•		260 700			

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to an	y line in this Part IX .			X
Do no	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and 1	0b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	j			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign organizations,		i	ł	
	foreign governments, and foreign individuals See Part IV,	ł	ł	ļ	
	lines 15 and 16	225,106.	225,106.		
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		1	ĺ	
	(as defined under section 4958(f)(1)) and persons			ł	
	described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	300.	300.		
d	Lobbying				
0	Professional fundraising services See Part IV, line 17.				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	115,692.		115,692.	
12	Advertising and promotion	21.		21.	
13	Office expenses	14,992.	1,000.	13,992.	
14	Information technology				
15	Royalties	195.		195.	
16	Occupancy				
17	Travel	10,198.	10,198.		
18	Payments of travel or entertainment expenses for any	1			
	federal, state, or local public officials			Ì	
19	Conferences, conventions, and meetings				
20	Interest	653.		653.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e if line 24e amount				
	exceeds 10% of line 25, column (A) amount, list line 24e			İ	
	expenses on Schedule O.)			j	
а	Bank Service Fees	2,240.		2,240.	······································
b					
c					
d					
	All other expenses				-
25	·	369,397.	236,604.	132,793.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		İ	ľ	
	educational campaign and fundraising solicitation. Check		Į		
	here I if following SOP 98-2 (ASC 958-720)		į	j	
_					

Form 990 (2017) Mercy Refugees House Inc
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
	1	Cash — non-interest-bearing	105,334.	_1	<u>96,636.</u>
ļ	2	Savings and temporary cash investments		2	
1	3	Pledges and grants receivable, net		3	
}	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees,			
		and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoning organizations of section 501(c)(9) voluntary employees'			
(0		beneficiary organizations (see instructions)			
ë		Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D			
	t	Less accumulated depreciation		10c	
	11	Investments — publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	105,334.	16	96,636.
	17	Accounts payable and accrued expenses		17	
i	18	Grants payable		18	
	19	Deferred revenue	-	19	
S	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
3	22	Loans and other payables to current and former officers, directors, trustees, key employees,			<u>.</u>
<u></u>		highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
_	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities		25	
	20	not included on lines 17-24) Complete Part X of Schedule D		25 26	
-CO	26	Total liabilities. Add lines 17 through 25		26	
Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	105,334.	27	96,636.
3al	28	Temporanty restricted net assets	100,004.	28	30,030.
9	29	Permanently restricted net assets		29	
5	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete		-"+	
F		lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
ets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
SS	32	Retained earnings, endowment, accumulated income, or other funds		32	
tΑ	ı	Total net assets or fund balances	105,334.	33	96,636.
Net	34	Total liabilities and net assets/fund balances	105,334.	34	96,636.
		i viai igaviilaco dila nei assetoriana valaireo			50,030.

Form 9	90 (2017) Mercy Refugees House Inc	46-1632162	2 Pa	ge 12
Part	XI Reconciliation of Net Assets			
		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)			00.
2	Total expenses (must equal Part IX, column (A), line 25)			97.
3	Revenue less expenses Subtract line 2 from line 1			<u>97.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	10	<u>5,3</u>	34.
5	Net unrealized gains (losses) on investments	···-		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	9	6,6	<u>37.</u>
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII.	<u> </u>	<u>.</u> .	Д
			Yes	No
1	Accounting method used to prepare the Form 990 🛣 Cash 🔲 Accrual 🔲 Other			,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		_	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a sep	arate		1
	basis, consolidated basis, or both			!
	Separate basis Consolidated basis Both consolidated and separate basis			
t	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, co	onsolidated		
	basis, or both:			;
	Separate basis Consolidated basis Both consolidated and separate basis	1 1		,
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	1 1		,
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a		x
1	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	зь		
UYA		Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

➤ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Open to Public Employer Identification number

Mercy	y Refugees	House I	nc				46-1632162				
Part I	Reason for	Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.			
The org	anization is not a	private founda	ition because it i	s: (For lines 1 throug	h 12, che	ck only o	ne box.)				
1 🔲	A church, conve	ntion of church	nes, or association	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	\sim 0			
2 🗍	A school describ	ed in section	170(b)(1)(A)(ii).	(Attach Schedule E	(Form 99	90 or 990	-EZ))				
3 🗂				janization described i				•			
4 🗂	•	•		onjunction with a hosp				(iii). Enter the			
	hospital's name,	•		•			(// //)	,,,,,			
5 🖂				ollege or university ov	vned or o	perated b	v a governmental u	nit described in			
ب -	section 170(b)(•		,			, ,				
6 🗀			-	mental unit described	l in secti	on 170(b)(1)(A)(v)				
7 H		•	•	antial part of its supp		•		he general nublic			
• ⊔	described in sec	•			011 11 0111 1	a governi	nona and or non t	ne general public			
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									
э L	_	_		iculture (see instruction		•	•				
	-	a non-iano-gra	in conege or agr	iculture (see instruction	uns). Ent	ei ine nai	me, city, and state o	i the college of			
40 🖼	university:	that namelly	raccivas: (1) ma	ro than 22 1/20/ of the	cupport	from con	tributions mombom	hin food, and arose			
10 (2)	receipts from ac	tivities related	to its exempt fur	nctions-subject to ce	tain exce	eptions, a	nd (2) no more than	33 1/3% of its			
	support from gro	oss investment	income and uni	re than 33 1/3% of its nctions–subject to cer related business taxa	ble incon	ne (less s	ection 511 tax) from	businesses			
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11	•	•	•	,	•		, ,, ,				
12		•	•	ively for the benefit of							
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
_	_	•			-		•				
а			•	supervised, or control	-		•				
	• •		•	gularly appoint or ele	ect a majo	onty of th	e directors or trustee	es of the supporting			
			-	Sections A and B.							
b [•	d or controlled in con			•				
		_		anization vested in th	ie same į	persons ti	hat control or mana	ge the supported			
_		•	=	, Sections A and C.							
c [ng organization opera				ly integrated with,			
_		• , ,	•	s).You must comple		-					
d {				porting organization							
			~	zation generally must	•		•	l an attentiveness			
_			•	mplete Part IV, Sect							
е [—	-		written determination			• • • • • • • • • • • • • • • • • • • •	II, Type III			
			-	onally integrated supp	porting or	ganizatio	n				
	Enter the number	• •	•				• • • • • • • •	·			
g	Provide the follow	ring information	n about the supp	orted organization(s)							
(1)	Name of supported or	rganization	(ii) EIN	(III) Type of organization		organization		(vi) Amount of			
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see			
				above (acc mos sessino))			insu dedons)	(illau dedolla)			
					Yes	No					
(A)					1						
(A) 											
(B)											
(D)					l						
(C)	-										
(C)					1						
(D)											
(D)						<u></u> .					
							-				
(E)											
Total			l		1						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) (b) 2014 (c) 2015 (d) 2016 (a) 2013 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2015 // (d) 2016 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (e) 2017 (f) Total 7 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources . . . Net income from unrelated business activities, whether or not the business Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. 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 stop here Section C. Computation of Public Support Percentage 14 15 16a 33 1/3 % support test-2017, If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this b 33 1/3 % support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more. 17a 10%-facts-and-circumstances test-2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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Schedule A (Form 990 or 990-EZ) 2017 Mercy Refugees House Inc

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

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

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

	If the organization rails to quality	ander the te	oto notou boro	11, p.0000 00		/	
	on A. Public Support				T (1) 2010		1 1 1 1 1 1
Calend	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants ")	166,225.	21,000.	71,000.	220,000.	<u>360,700.</u>	<u>838,925.</u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an .						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid					Į.	
	to or expended on its behalf					ļ	İ
5	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge						
6		166,225.	21,000.	71.000.	220,000.	360.700	838,925.
-	Amounts included on lines 1, 2, and 3			7.5.5.5		,,,,,,,	1000,000
	received from disqualified persons						
h	Amounts included on lines 2 and 3			1			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				 	<u> </u>	-
8	Public support. (Subtract line 7c from						-
0							838,925.
Sooti	line 6.)			L		<u>l</u>	030,923.
Color	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Galen 9		166,225.	21,000.	71 000	220 000	360 700	838,925.
-		100,223.	21,000.	71,000.	220,000.	560,700.	.030,923.
Tua	Gross income from interest, dividends,				1		
	payments received on securities loans, rents,					}	1
	royalties, and income from similar sources.				 	 	
D	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses					ļ	
	acquired after June 30, 1975				 	 	
-	Add lines 10a and 10b	ļ			-		<u> </u>
11	Net income from unrelated business						
	activities not included in line 10b, whether					Ì	
	or not the business is regularly carried on					 	<u> </u>
12	Other income. Do not include gain or		ł			1	
	loss from the sale of capital assets						
4.0	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	_	's tirst, second	, tnira, tourtn,	or tittn tax yea	ar as a section	
	organization, check this box and stop he					<u> </u>	<u>. ▶ x</u>
	on C. Computation of Public Suppo			40 1	(0)		
15	Public support percentage for 2017 (line					. 15	<u>%</u>
16	Public support percentage from 2016			<u> 15</u>	<u> </u>	. 16	<u>%</u>
	on D. Computation of Investment In			huling 40 ==	duman (6)	147	
17	Investment income percentage for 2017	-		-			<u>%</u>
18	Investment income percentage from 20						<u>%</u>
19a	33 1/3 % support test-2017. If the organ						
_	line 17 is not more than 331/3%, check this	•	•	-			
b	33 1/3 % support test-2016. If the organi						
	line 18 is not more than 331/3%, check this	-	_	-			
20	Private foundation. If the organization of	lid not check a	oox on line 14	i, 19a, or 19b,	cneck this box	x and see instr	uctions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

All Supporting Organizations

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			}
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1		 -
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		 	<u> </u>
	(b) and (c) below	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	_		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		<u> </u>	
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			Ì
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	45		
С	despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination	4b	 	
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	-	j
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			1
	(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).	5a	L	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		_	
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
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? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		<u> </u>
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	•		
ь	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	Oh.		ł
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	-	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b	l i	- ` 1

Schedul Part	e A (Form 990 or 990-EZ) 2017 Mercy Refugees House Inc 46-16 V Supporting Organizations (continued)	321	62 F	Page 5
rait	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	on B. Type I Supporting Organizations	11C		<u> </u>
	on b. Typo toupbotting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		,
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	}		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
Casti	supervised, or controlled the supporting organization	2	L	
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	$\overline{}$	169	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed]		
	the supported organization(s).	1	<u></u>	
Søcti	on D. All Type III Supporting Organizations		· · ·	
4	Did the experiention provide to each of its composted experientions, but the last day of the 55th month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		'
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			-
•	- · · · · · · · · · · · · · · · · · · ·	2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			ı
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	ı	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	tions	s)
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	. /222	innt.	otio no l
С	The organization supported a governmental entity. Describe in Fart VI — now you supported a government entity	(see	ristru	cuons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	- -		-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		_	
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.]		
a	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>Provide details in Part VI</i> .	3a	-	
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
See instructions. All other Type III non-functionally integrated supporting o	rgan	izations must complete S	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	Γ		
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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	egrated Type III support	ing organization (see

e

Excess from 2017 . .

46-1632162 Page 8

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Employer identification number Name of the organization 46-1632162 Mercy Refugees House Inc General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in the (e) if activity listed in (d) is (f) Total a program service, describe specific type of service(s) in the region expenditures for offices in the region employees, agents, and region (by type) (such as, fundraising, program services, and investments independent investments in the region contractors grants to recipients in the region located in the region) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12) (13) (14)(15)(16)(17)3 a Sub-total 0 0 **b** Total from continuation sheets to Part I

0

0

Totals (add lines 3a and 3b)

Page 2 46-1632162

Schedule F (Form 990) 2017 Mercy Refugees House Inc

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g)Amount of noncash assistance	(h)Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
£								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(16)								
(16)								
L			-	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7	†	

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

Schedule F (Form 990) 2017

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Schedule F (Form 980) 2017 Mercy Refugees House Inc.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (h) Method of valuation (book, FMV, appralsal, other) (g) Description of noncesh assistance (f) Amount of noncash assistance 225,106. FED FUNDS WIRE, IN PER (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. Middle East and North Africa 250 (b) Region (a) Type of grant or assistance (1)CASH (10 (2) 8 2 9 4 9 6 (8)

(11)	•••			
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
UYA			Sch	Schedule F (Form 990) 2017

ichedul Part		46-1632	162 Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Ye the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		∏ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Ye the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect Certain Foreign Corporations (see Instructions for Form 5471)	~,	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 86. Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Ye the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).	es," . [] Yes	☐ No

☐ No

Yes

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Mercy Refugees House Inc	46-1632162
	·

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Mercy Refugees House Inc	46-1632162
Part VI Line 6	
THE ORGANIZATION HAS AN OFFICER MEMBER, NO STOCKHOLDERS	
Part VI Line 7a	
OFFICER MAY ELECT OR APPOINT MEMBERS, NO STOCKHOLDERS	
Part VI Line 8b	
NO COMMITTEES ESTABLISHED AT THIS TIME	
Part VI Line 11b OFFICER, SECRETARY AND ACCOUNTANT REVIEW THE 990	
Part VI Line 18	
PAIL VI LING 18 ORGANIZATION FILES WITH THE SECRETARY OF STATE AND WITH	THE THE
Part VI Line 19	THE TIO
NO OTHER PLANS HAVE BEEN FORMULATED FOR MAKING FINANCIA	LS AVAILABLE TO
Part VI Line 19	
PUBLIC AT THIS TIME	
Part IX Line 11g	
Outside Contract Services Total expenses - \$115692.00 Program service expenses - \$0.00 Mgmt and general expense	s - \$115692 00 Fundralsing expenses - \$