

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**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

**2019**  
Open to Public Inspection

▶ 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.

**A For the 2019 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>MERCY CHEFS INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>711 WASHINGTON ST</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>PORTSMOUTH VA 23704</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>20-5050449</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>757-635-4403</b></p> <b>G</b> Gross receipts\$ <b>2,874,230</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>R GARY LEBLANC</b> <b>9 EARLY ST</b> <b>PORTSMOUTH VA 23701</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.MERCYCHEFS.COM</b>		<b>L</b> Year of formation: <b>2006</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>PROVIDE MEALS TO INDIVIDUALS DURING LOCAL, STATE, AND NATIONAL DISATERS AND EMERGENCIES.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>4</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>28</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>32</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
b Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g)	<b>2,541,216</b>	<b>2,874,230</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>700</b>	<b>0</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,541,916</b>	<b>2,874,230</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>159,531</b>	<b>273,738</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>511,959</b>	<b>723,707</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>214,097</b>	<b>129,621</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>174,071</b>	<b>1,832,799</b>	<b>1,913,784</b>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>2,718,386</b>	<b>3,040,850</b>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,718,386</b>	<b>3,040,850</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>-176,470</b>	<b>-166,620</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21 Total liabilities (Part X, line 26)	<b>1,416,864</b>	<b>1,307,373</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>288,249</b>	<b>345,385</b>
		<b>1,128,615</b>	<b>961,988</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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>R GARY LEBLANC</b></p> Type or print name and title	Date <p style="text-align: center;"><b>PRESIDENT</b></p>
	Print/Type preparer's name <b>GARY L ROBERSON CPA</b>	
<b>Paid Preparer Use Only</b>	Preparer's signature <b>GARY L ROBERSON CPA</b>	Date <b>09/29/20</b>
	Check <input type="checkbox"/> if self-employed	PTIN <b>P00990453</b>
	Firm's name ▶ <b>GL Roberson, CPA, PLLC</b> <b>5293 Fairfield Blvd</b> Firm's address ▶ <b>Virginia Beach, VA 23464-2555</b>	Firm's EIN ▶ <b>27-1181589</b> Phone no. <b>757-617-1702</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**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:

**PROVIDE MEALS TO INDIVIDUALS DURING LOCAL, STATE, AND NATIONAL DISATERS AND EMERGENCIES.**

**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 \$ including grants of \$ ) (Revenue \$ )

**PROVIDE MEALS TO INDIVIDUALS DURING LOCAL, STATE, AND NATIONAL DISATERS AND**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ **2,427,835** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **2,427,835**

**Part IV Checklist of Required Schedules**

		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4	<b>Section 501(c)(3) organizations.</b> 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		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, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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 debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 employees? <i>If "Yes," complete Schedule J</i>	X	
24a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.		X

**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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>28</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<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?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>

**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>X</b>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		<b>X</b>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ VA**
- 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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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 **▶**

**MERCY CHEFS  
PORTSMOUTH**

**711 WASHINGTON ST**

**VA 23704**

**757-635-4403**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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. 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) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) <b>R GARY LEBLANC</b> ..... <b>PRESIDENT</b>	50.00 ..... 0.00	X		X				180,139	0	0
(2) <b>ANN LEBLANC</b> ..... <b>CO-FOUNDER</b>	40.00 ..... 0.00			X				93,600	0	0
(3) <b>RICHARD BAKER</b> ..... <b>BOARD MEMBER</b>	2.00 ..... 0.00	X						0	0	0
(4) <b>JIM BOYD, EQS</b> ..... <b>BOARD MEMBER</b>	2.00 ..... 0.00	X						0	0	0
(5) <b>JANET YOUNG</b> ..... <b>BOARD MEMBER</b>	2.00 ..... 0.00	X		X				0	0	0
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							<b>273,739</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>273,739</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 **▶ 1**

	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) Name and business address	(B) Description of services	(C) 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 **▶**

0



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	113,500				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,760,730				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			2,874,230			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			2,874,230	0	0	0	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	<b>273,738</b>	<b>273,738</b>		
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	<b>655,571</b>	<b>469,923</b>	<b>185,648</b>	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	<b>68,136</b>	<b>49,058</b>	<b>19,078</b>	
11 Fees for services (nonemployees):				
a Management				
b Legal	<b>23,805</b>		<b>23,805</b>	
c Accounting	<b>5,459</b>		<b>5,459</b>	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	<b>129,621</b>			<b>129,621</b>
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	<b>149,858</b>	<b>149,858</b>		
13 Office expenses	<b>32,460</b>	<b>7,324</b>	<b>23,826</b>	<b>1,310</b>
14 Information technology				
15 Royalties				
16 Occupancy	<b>113,708</b>	<b>28,391</b>	<b>85,317</b>	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	<b>15,077</b>		<b>15,077</b>	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>97,003</b>	<b>59,424</b>	<b>11,044</b>	<b>26,535</b>
23 Insurance	<b>47,776</b>	<b>40,610</b>	<b>7,166</b>	
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>SUPPLIES &amp; RELATED TRAVEL</b>	<b>1,110,158</b>	<b>1,110,158</b>		
b <b>COMMUNITY KITCHENS</b>	<b>116,383</b>	<b>116,383</b>		
c <b>MEALS</b>	<b>36,378</b>	<b>36,378</b>		
d <b>CREDIT CARD FEES</b>	<b>23,298</b>	<b>18,638</b>	<b>4,660</b>	
e All other expenses	<b>142,421</b>	<b>67,952</b>	<b>57,864</b>	<b>16,605</b>
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,040,850</b>	<b>2,427,835</b>	<b>438,944</b>	<b>174,071</b>
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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>528,076</b>	<b>1</b>	<b>358,245</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>30,675</b>	<b>9</b>	<b>30,675</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>1,584,751</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>672,860</b>	<b>841,695</b>	<b>10c</b> <b>911,891</b>
	<b>11</b> Investments—publicly traded securities	<b>16,418</b>	<b>11</b>	<b>6,562</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</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>1,416,864</b>	<b>16</b>	<b>1,307,373</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	<b>1,763</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>288,249</b>	<b>25</b>	<b>343,622</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>288,249</b>	<b>26</b>	<b>345,385</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>1,128,615</b>	<b>27</b>	<b>961,988</b>
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input 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>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>1,128,615</b>	<b>32</b>	<b>961,988</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>1,416,864</b>	<b>33</b>	<b>1,307,373</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>2,874,230</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,040,850</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-166,620</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>1,128,615</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</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>20,601</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-20,608</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>961,988</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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</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? 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 Single Audit Act and OMB Circular A-133?		
<b>3b</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 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Name of the organization

**MERCY CHEFS INC.**

Employer identification number

**20-5050449**

**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 or 990-EZ).)
- 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 in 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 (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	918,049	1,533,949	3,032,087	2,541,216	2,874,230	10,899,531
<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	918,049	1,533,949	3,032,087	2,541,216	2,874,230	10,899,531
<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						10,899,531

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	918,049	1,533,949	3,032,087	2,541,216	2,874,230	10,899,531
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	392,698	-1,013	44	700		392,429
<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						11,291,960

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 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** Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 96.52 %

**15** Public support percentage from 2018 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2018.** 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 **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2019.** 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 organization

**b 10%-facts-and-circumstances test—2018.** 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 supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<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						
<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						
<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.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<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 in 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.)						
<b>14 First five 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 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 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.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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 (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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; (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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in 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>		
<b>c</b> Did a disqualified person (as defined in 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>		
<b>10a</b> 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>b</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 in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 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 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 (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 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. <b>Answer (a) and (b) below.</b>		
<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 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? <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. <b>Answer (a) and (b) below.</b>		
<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>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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			

**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.)

Dotted lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

MERCY CHEFS INC.

20-5050449

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

**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:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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:

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**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
<b>1a</b> Land .....		<b>181,995</b>		<b>181,995</b>
<b>b</b> Buildings .....		<b>594,920</b>	<b>30,772</b>	<b>564,148</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **746,143**

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

**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: 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>N/P TOWNE BANK</b>	<b>343,622</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>343,622</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







**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ 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

**2019**

Open to Public Inspection

Name of the organization

**MERCY CHEFS INC.**

Employer identification number

**20-5050449**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....					▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

**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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: .....

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a	The organization's facility	13a		%
b	An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

- 16 Gaming manager information:
  - Name ▶ .....
  - Gaming manager compensation ▶ \$ .....
  - Description of services provided ▶ .....
  - Director/officer     
  Employee     
  Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

**MERCY CHEFS INC.**

Employer identification number  
**20-5050449**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  **X**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  **X**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  **X**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  **X**
- b** Any related organization? **5b**  **X**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  **X**
- b** Any related organization? **6b**  **X**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**  **X**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  **X**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
<b>1a</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 R GARY LEBLANC PRESIDENT	(i) 180,139 (ii) 0	0 0	0 0	0 0	0 0	180,139 0	0 0
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				



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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**MERCY CHEFS INC.**

Employer identification number

**20-5050449**

**Form 990, Part I, Line 6**

**ASSIST IN PREPARING MEALS, TRANSPORTING EQUIPMENT AND OTHER DUTIES**

**Form 990, Part III, Line 4d - All Other Accomplishments**

**PROVIDE MEALS TO INDIVIDUALS DURING LOCAL, STATE, AND NATIONAL DISATERS AND**

**Form 990, Part VI, Line 2 - Related Party Information Among Officers**

**THE FOUNDERS ARE HUSBAND AND WIFE**

**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents**

**NONE**

**Form 990, Part VI, Line 7a - Election of Members and Their Rights**

**BOARD OF DIRECTORS**

**Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members**

**BOARD OF DIRECTORS**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**990IS PROVIDED TO ALL BOARD MEMEBERS ONCE COMPLETED AT THE NEXT SCHEDULED  
BOARD MEETING.**

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

**BOARD OF DIRECTORS DETERMINES**



Name of the organization

Employer identification number

MERCY CHEFS INC.

20-5050449

Form 990, Part VI, Line 15b - Compensation Process for Officers

BOARD OF DIRECTORS DETERMINES

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference \$ -20,608

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**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.

OMB No. 1545-0172

**2019**

Attachment Sequence No. **179**

**MERCY CHEFS INC.**

Identifying number  
**20-5050449**

Business or activity to which this form relates

**Indirect Depreciation**

**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	<b>1,020,000</b>
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	<b>2,550,000</b>
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 2018 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 2020. 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	<b>50,296</b>

**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 2019	17	<b>31,238</b>
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 2019 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	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	<b>15,469</b>
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	22	<b>97,003</b>
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.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 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 25

26 Property used more than 50% in a qualified business use:

Table for line 26 with columns: GMC, Date placed in service (03/02/18), Business/investment use percentage (100.00%), Cost or other basis (48,341), Basis for depreciation (38,673), Recovery period (5.0), Method/Convention (200DBHY), Depreciation deduction (15,469).

27 Property used 50% or less in a qualified business use:

Table for line 27 with columns: Date placed in service, Business/investment use percentage, Cost or other basis, Basis for depreciation, Recovery period, Method/Convention (S/L-), Depreciation deduction.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 15,469

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

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.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows include: 30 Total business/investment miles driven during the year, 31 Total commuting miles driven during the year, 32 Total other personal (noncommuting) miles driven, 33 Total miles driven during the year, 34-36 Availability and use questions.

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.

Table for Section C with columns: Question, Yes, No. Rows include: 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 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

Table for Part VI with columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2019 tax year (see instructions):

Table for line 42 with columns: Description of costs, Amortizable amount, Code section, Amortization for this year.

43 Amortization of costs that began before your 2019 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

20-5050449

**Federal Asset Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	COMMERCIAL KITCHEN SVC-EQUIPM	2/23/18	12,028		X	10,310	7 HY 200DB	1,718	2,946
5	MOBILE KITCHEN IMPROVEMENTS	3/26/18	17,090		X	14,649	7 HY 200DB	2,441	4,185
6	VA REF TRAILER GEN BOX	4/10/18	627		X	537	7 HY 200DB	90	153
7	COMMERCIAL KITCHEN SERVICES EC	4/12/18	1,000		X	857	7 HY 200DB	143	245
8	2 HOT BOXES, MOBILE REFIIDT, SMAI	4/21/18	1,234		X	1,058	7 HY 200DB	176	302
10	CHAIR-WHITES UPHOLSTERY	6/05/18	625		X	536	7 HY 200DB	89	153
11	REST EQUIP & SUPPLY	7/11/18	546		X	468	7 HY 200DB	78	134
12	MICROWAVE FOR CARRIAGE HOUSE	7/24/18	124		X	106	7 HY 200DB	18	30
15	FFE (2009)	6/08/09	9,873		X	4,936	7 HY 200DB	9,873	0
16	APPLE LAPTOP	4/25/12	2,307		X	1,153	5 HY 200DB	2,307	0
17	NEW GENERATORS	9/05/12	3,969		X	1,984	7 HY 200DB	3,859	110
18	'11 CHEVY TRUCK	11/07/12	44,800		X	22,400	5 HY 200DB	44,800	0
19	2011 FREIGHTLINER	12/06/12	28,088		X	14,044	5 HY 200DB	28,088	0
20	COMMERCIAL GENERATOR	2/28/13	5,559		X	2,779	7 HY 200DB	4,815	496
21	DOCKING STN MACBOOK	3/04/13	61		X	30	7 HY 200DB	61	0
22	VIEW SONIC 24"	3/06/13	229		X	114	5 HY 200DB	229	0
23	LEE TRAILER LT-42	5/31/13	91,111		X	45,555	5 HY 200DB	91,111	0
24	KUBOTA UTILITY VEHICLE	5/31/13	15,300		X	7,650	5 HY 200DB	15,300	0
25	CONVENTION OVEN	6/30/13	5,195		X	2,597	7 HY 200DB	4,500	463
26	TILTING SKILLET, GAS	6/30/13	12,000		X	6,000	7 HY 200DB	10,393	1,071
27	TILTING SKILLET, GAS	6/30/13	12,000		X	6,000	7 HY 200DB	10,393	1,071
28	ICE CUBER W/ BIN	6/30/13	2,250		X	1,125	7 HY 200DB	1,949	201
29	LEE TRAILER LT-18	7/31/13	44,086		X	22,043	5 HY 200DB	44,086	0
30	2012 3500 DODGE RAM	3/20/14	31,000		X	15,500	5 HY 200DB	29,214	1,786
31	2000 NEWMAR 5TH WHEEL	4/07/14	35,000		X	17,500	5 HY 200DB	32,984	2,016
32	OFFICE BUILDING	6/23/14	41,181			41,181	39 MMS/L	4,796	1,056
33	GENERATOR MCI	12/10/14	13,500		X	6,750	7 HY 200DB	11,994	602
34	FRYER	3/01/15	600		X	300	7 HY 200DB	436	47
35	(2) HOT BOXES	3/01/15	1,600		X	800	7 HY 200DB	1,163	125
36	(2) SIX BURNER HOT PLATE	3/01/15	2,400		X	1,200	7 HY 200DB	1,744	187
37	(2) GRIDDLES	3/01/15	1,400		X	700	7 HY 200DB	1,017	109
38	(3) CHAR BROILERS	3/01/15	1,800		X	900	7 HY 200DB	1,308	141
39	UNDER COUNTER CHEF UNIT	3/01/15	1,500		X	750	7 HY 200DB	1,090	117
40	TWO DOOR REACH IN FRIDGE	3/01/15	1,000		X	500	7 HY 200DB	726	78
41	GENERATOR EV 3000	5/06/15	2,119		X	1,059	7 HY 200DB	1,802	91
42	(2) BAKERS PRIDE OVENS	9/15/15	8,000		X	4,000	7 HY 200DB	5,397	744
43	MCI IV MOBILE KITCHEN	10/29/15	129,099		X	64,549	3 HY 200DB	129,099	0
44	(2) HOT BOXES	11/01/15	1,600		X	800	7 HY 200DB	1,038	161
45	(2) WALK IN COOLERS	11/01/15	17,000		X	8,500	7 HY 200DB	11,026	1,707
46	HOT AND COLD DELIVERY TRUCK	2/27/17	14,000		X	7,000	5 HY 200DB	10,640	1,344
47	2010 ISUZU NPR CARRIER	9/14/17	33,056		X	20,239	5 HY 200DB	12,817	8,096
48	53' REEFER TRAILER	9/15/17	6,404		X	3,921	7 HY 200DB	2,483	1,120
49	HONDA GENERATOR	12/14/17	2,470		X	0	7 HY 200DB	2,470	0
50	PORTABLE GENERATOR	12/18/17	1,995		X	0	7 HY 200DB	1,995	0
51	UNDER COUNTER CHEF UNIT	11/01/15	1,500		X	750	7 HY 200DB	973	151
			<u>658,326</u>			<u>363,830</u>		<u>542,729</u>	<u>31,238</u>
<b>Other Depreciation:</b>									
2	711 WASHINGTON ST	2/28/18	407,980			407,980	39 MO S/L	9,153	10,461
3	LAND-711 WASHINGTON ST	2/28/18	101,995			101,995	0 -- Land	0	0
9	BLACKBAUD NEW DONOR SYSTEM	5/15/18	57,152		X	44,452	3 MO Amort	12,700	19,051
13	711 WASH. ST-REMODLE	7/30/18	136,759			136,759	39 MO S/L	1,607	3,507
14	LAND-3 LOTS NEXT TO 711 WASH ST	12/12/18	7,000			7,000	0 -- Land	0	0
52	ORGANIZATION COSTS	1/01/07	1,131			1,131	5 MO S/L	1,131	0
55	FURNISHING CHRISTMAS	1/07/19	1,964			1,964	7 MO S/L	0	281
56	3 THOMAS MCLAUCHIN PAINTING	1/30/19	8,620			8,620	7 MO S/L	0	1,129
57	BLACKBAUD DONOR SYSTEM	4/15/19	29,936			29,936	3 MO S/L	0	7,484
58	19 FORD TRANSIT VAN	2/01/19	44,678			44,678	5 MO S/L	0	8,191
59	711 IMPROVEMENTS-DECK, LANDSCA	2/27/19	9,000			9,000	39 MO S/L	0	192
	<b>Total Other Depreciation</b>		<u>806,215</u>			<u>793,515</u>		<u>24,591</u>	<u>50,296</u>
	<b>Total ACRS and Other Depreciation</b>		<u>806,215</u>			<u>793,515</u>		<u>24,591</u>	<u>50,296</u>

**Listed Property:**

20-5050449

**Federal Asset Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
4	GMC	3/02/18	48,341		X	38,673	5 HY 200DB	9,668	15,469
			<u>48,341</u>			<u>38,673</u>		<u>9,668</u>	<u>15,469</u>
<b>Grand Totals</b>			1,512,882			1,196,018		576,988	97,003
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,512,882</u>			<u>1,196,018</u>		<u>576,988</u>	<u>97,003</u>

20-5050449

## VA Asset Report

FYE: 12/31/2019

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
<b>Prior MACRS:</b>								
1	COMMERCIAL KITCHEN SVC-EQUIPM	2/23/18	12,028	12,028	1,718	2,946	2,946	0
5	MOBILE KITCHEN IMPROVEMENTS	3/26/18	17,090	17,090	2,441	4,185	4,185	0
6	VA REF TRAILER GEN BOX	4/10/18	627	627	90	153	153	0
7	COMMERCIAL KITCHEN SERVICES EC	4/12/18	1,000	1,000	143	245	245	0
8	2 HOT BOXES, MOBILE REFIIDT, SMAI	4/21/18	1,234	1,234	176	302	302	0
10	CHAIR-WHITES UPHOLSTERY	6/05/18	625	625	89	153	153	0
11	REST EQUIP & SUPPLY	7/11/18	546	546	78	134	134	0
12	MICROWAVE FOR CARRIAGE HOUSE	7/24/18	124	124	18	30	30	0
15	FFE (2009)	6/08/09	9,873	9,873	9,873	0	0	0
16	APPLE LAPTOP	4/25/12	2,307	2,307	2,307	0	0	0
17	NEW GENERATORS	9/05/12	3,969	3,969	0	3,969	110	-3,859
18	'11 CHEVY TRUCK	11/07/12	44,800	44,800	44,800	0	0	0
19	2011 FREIGHTLINER	12/06/12	28,088	28,088	28,088	0	0	0
20	COMMERCIAL GENERATOR	2/28/13	5,559	5,559	4,815	496	496	0
21	DOCKING STN MACBOOK	3/04/13	61	61	61	0	0	0
22	VIEW SONIC 24"	3/06/13	229	229	229	0	0	0
23	LEE TRAILER LT-42	5/31/13	91,111	91,111	91,111	0	0	0
24	KUBOTA UTILITY VEHICLE	5/31/13	15,300	15,300	15,300	0	0	0
25	CONVENTION OVEN	6/30/13	5,195	5,195	4,500	463	463	0
26	TILTING SKILLET, GAS	6/30/13	12,000	12,000	10,393	1,071	1,071	0
27	TILTING SKILLET, GAS	6/30/13	12,000	12,000	10,393	1,071	1,071	0
28	ICE CUBER W/ BIN	6/30/13	2,250	2,250	1,949	201	201	0
29	LEE TRAILER LT-18	7/31/13	44,086	44,086	44,086	0	0	0
30	2012 3500 DODGE RAM	3/20/14	31,000	31,000	29,214	1,786	1,786	0
31	2000 NEWMAR 5TH WHEEL	4/07/14	35,000	35,000	32,984	2,016	2,016	0
32	OFFICE BUILDING	6/23/14	41,181	41,181	4,796	1,056	1,056	0
33	GENERATOR MCI	12/10/14	13,500	13,500	11,994	602	602	0
34	FRYER	3/01/15	600	600	436	47	47	0
35	(2) HOT BOXES	3/01/15	1,600	1,600	1,163	125	125	0
36	(2) SIX BURNER HOT PLATE	3/01/15	2,400	2,400	1,744	187	187	0
37	(2) GRIDDLES	3/01/15	1,400	1,400	1,017	109	109	0
38	(3) CHAR BROILERS	3/01/15	1,800	1,800	1,308	141	141	0
39	UNDER COUNTER CHEF UNIT	3/01/15	1,500	1,500	1,090	117	117	0
40	TWO DOOR REACH IN FRIDGE	3/01/15	1,000	1,000	726	78	78	0
41	GENERATOR EV 3000	5/06/15	2,119	2,119	1,802	91	91	0
42	(2) BAKERS PRIDE OVENS	9/15/15	8,000	8,000	5,397	744	744	0
43	MCI IV MOBILE KITCHEN	10/29/15	129,099	129,099	129,099	0	0	0
44	(2) HOT BOXES	11/01/15	1,600	1,600	1,038	161	161	0
45	(2) WALK IN COOLERS	11/01/15	17,000	17,000	11,026	1,707	1,707	0
46	HOT AND COLD DELIVERY TRUCK	2/27/17	14,000	14,000	10,640	1,344	1,344	0
47	2010 ISUZU NPR CARRIER	9/14/17	33,056	33,056	12,817	8,096	8,096	0
48	53' REEFER TRAILER	9/15/17	6,404	6,404	2,483	1,120	1,120	0
49	HONDA GENERATOR	12/14/17	2,470	2,470	2,470	0	0	0
50	PORTABLE GENERATOR	12/18/17	1,995	1,995	1,995	0	0	0
51	UNDER COUNTER CHEF UNIT	11/01/15	1,500	1,500	628	249	151	-98
			<u>658,326</u>	<u>658,326</u>	<u>538,525</u>	<u>35,195</u>	<u>31,238</u>	<u>-3,957</u>

**Other Depreciation:**

2	711 WASHINGTON ST	2/28/18	407,980	407,980	9,153	10,461	10,461	0
3	LAND-711 WASHINGTON ST	2/28/18	101,995	101,995	0	0	0	0
9	BLACKBAUD NEW DONOR SYSTEM	5/15/18	57,152	57,152	12,700	19,051	19,051	0
13	711 WASH. ST-REMODLE	7/30/18	136,759	136,759	1,607	3,507	3,507	0
14	LAND-3 LOTS NEXT TO 711 WASH ST	12/12/18	7,000	7,000	0	0	0	0
52	ORGANIZATION COSTS	1/01/07	1,131	1,131	1,131	0	0	0
55	FURNISHING CHRISTMAS	1/07/19	1,964	1,964	0	281	281	0
56	3 THOMAS MCLAUCHIN PAINTING	1/30/19	8,620	8,620	0	1,129	1,129	0
57	BLACKBAUD DONOR SYSTEM	4/15/19	29,936	29,936	0	7,484	7,484	0
58	19 FORD TRANSIT VAN	2/01/19	44,678	44,678	0	8,191	8,191	0
59	711 IMPROVEMENTS-DECK, LANDSCA	2/27/19	9,000	9,000	0	192	192	0

<b>Total Other Depreciation</b>	<u>806,215</u>	<u>806,215</u>	<u>24,591</u>	<u>50,296</u>	<u>50,296</u>	<u>0</u>
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<b>Total ACRS and Other Depreciation</b>	<u>806,215</u>	<u>806,215</u>	<u>24,591</u>	<u>50,296</u>	<u>50,296</u>	<u>0</u>
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**Listed Property:**

20-5050449

# VA Asset Report

FYE: 12/31/2019

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
4	GMC	3/02/18	48,341	48,341	9,668	15,469	15,469	0
			<u>48,341</u>	<u>48,341</u>	<u>9,668</u>	<u>15,469</u>	<u>15,469</u>	<u>0</u>
<b>Grand Totals</b>			1,512,882	1,512,882	572,784	100,960	97,003	-3,957
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>1,512,882</u>	<u>1,512,882</u>	<u>572,784</u>	<u>100,960</u>	<u>97,003</u>	<u>-3,957</u>

20-5050449

**AMT Asset Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
1	COMMERCIAL KITCHEN SVC-EQUIPM	2/23/18	12,028			X	0	7 HY 200DB	12,028	0
2	711 WASHINGTON ST	2/28/18	407,980				407,980	39 MMS/L	9,153	10,461
5	MOBILE KITCHEN IMPROVEMENTS	3/26/18	17,090			X	0	7 HY 200DB	17,090	0
6	VA REF TRAILER GEN BOX	4/10/18	627			X	0	7 HY 200DB	627	0
7	COMMERCIAL KITCHEN SERVICES EC	4/12/18	1,000			X	0	7 HY 200DB	1,000	0
8	2 HOT BOXES, MOBILE REFIIDT, SMAI	4/21/18	1,234			X	0	7 HY 200DB	1,234	0
10	CHAIR-WHITES UPHOLSTERY	6/05/18	625			X	0	7 HY 200DB	625	0
11	REST EQUIP & SUPPLY	7/11/18	546			X	0	7 HY 200DB	546	0
12	MICROWAVE FOR CARRIAGE HOUSE	7/24/18	124			X	0	7 HY 200DB	124	0
15	FFE (2009)	6/08/09	9,873		X	X	2,468	7 HY 200DB	9,873	0
16	APPLE LAPTOP	4/25/12	2,307			X	1,153	5 HY 200DB	2,307	0
17	NEW GENERATORS	9/05/12	3,969			X	1,984	7 HY 200DB	3,880	89
18	'11 CHEVY TRUCK	11/07/12	44,800			X	22,400	5 HY 200DB	44,800	0
19	2011 FREIGHTLINER	12/06/12	28,088			X	14,044	5 HY 200DB	28,088	0
20	COMMERCIAL GENERATOR	2/28/13	5,559			X	2,779	7 HY 200DB	5,187	248
21	DOCKING STN MACBOOK	3/04/13	61			X	30	7 HY 200DB	61	0
22	VIEW SONIC 24"	3/06/13	229			X	114	5 HY 200DB	229	0
23	LEE TRAILER LT-42	5/31/13	91,111			X	45,555	5 HY 200DB	91,111	0
24	KUBOTA UTILITY VEHICLE	5/31/13	15,300			X	7,650	5 HY 200DB	15,300	0
25	CONVENTION OVEN	6/30/13	5,195			X	2,597	7 HY 200DB	4,500	463
26	TILTING SKILLET, GAS	6/30/13	12,000			X	6,000	7 HY 200DB	10,393	1,071
27	TILTING SKILLET, GAS	6/30/13	12,000			X	6,000	7 HY 200DB	10,393	1,071
28	ICE CUBER W/ BIN	6/30/13	2,250			X	1,125	7 HY 200DB	1,949	201
29	LEE TRAILER LT-18	7/31/13	44,086			X	22,043	5 HY 200DB	44,086	0
30	2012 3500 DODGE RAM	3/20/14	31,000			X	15,500	5 HY 200DB	30,107	893
31	2000 NEWMAR 5TH WHEEL	4/07/14	35,000			X	17,500	5 HY 200DB	32,984	2,016
32	OFFICE BUILDING	6/23/14	41,181				41,181	39 MMS/L	4,796	1,056
33	GENERATOR MCI	12/10/14	13,500			X	6,750	7 HY 200DB	11,994	602
34	FRYER	3/01/15	600			X	300	7 HY 200DB	436	47
35	(2) HOT BOXES	3/01/15	1,600			X	800	7 HY 200DB	1,163	125
36	(2) SIX BURNER HOT PLATE	3/01/15	2,400			X	1,200	7 HY 200DB	1,744	187
37	(2) GRIDDLES	3/01/15	1,400			X	700	7 HY 200DB	1,017	109
38	(3) CHAR BROILERS	3/01/15	1,800			X	900	7 HY 200DB	1,308	141
39	UNDER COUNTER CHEF UNIT	3/01/15	1,500			X	750	7 HY 200DB	1,090	117
40	TWO DOOR REACH IN FRIDGE	3/01/15	1,000			X	500	7 HY 200DB	726	78
41	GENERATOR EV 3000	5/06/15	2,119			X	1,059	7 HY 200DB	1,802	91
42	(2) BAKERS PRIDE OVENS	9/15/15	8,000			X	4,000	7 HY 200DB	5,397	744
43	MCI IV MOBILE KITCHEN	10/29/15	129,099			X	64,549	3 HY 200DB	129,099	0
44	(2) HOT BOXES	11/01/15	1,600			X	800	7 HY 200DB	1,038	161
45	(2) WALK IN COOLERS	11/01/15	17,000			X	8,500	7 HY 200DB	11,026	1,707
46	HOT AND COLD DELIVERY TRUCK	2/27/17	14,000			X	7,000	5 HY 200DB	10,640	1,344
47	2010 ISUZU NPR CARRIER	9/14/17	33,056			X	20,239	5 HY 200DB	12,817	8,096
48	53' REEFER TRAILER	9/15/17	6,404			X	3,921	7 HY 200DB	2,483	1,120
49	HONDA GENERATOR	12/14/17	2,470			X	0	7 HY 200DB	2,470	0
50	PORTABLE GENERATOR	12/18/17	1,995			X	0	7 HY 200DB	1,995	0
51	UNDER COUNTER CHEF UNIT	11/01/15	1,500			X	750	7 HY 200DB	1,266	67
			<u>1,066,306</u>				<u>740,821</u>		<u>581,982</u>	<u>32,305</u>

**Other Depreciation:**

3	LAND-711 WASHINGTON ST	2/28/18	0				0	0 HY	0	0
13	711 WASH. ST-REMODLE	7/30/18	0				0	0 HY	0	0
14	LAND-3 LOTS NEXT TO 711 WASH ST	12/12/18	0				0	0 HY	0	0
52	ORGANIZATION COSTS	1/01/07	0				0	0 HY	0	0
55	FURNISHING CHRISTMAS	1/07/19	0				0	0 HY	0	0
56	3 THOMAS MCLAUCHIN PAINTING	1/30/19	8,620				8,620	7 MO S/L	0	1,129
57	BLACKBAUD DONOR SYSTEM	4/15/19	0				0	0 HY	0	0
58	19 FORD TRANSIT VAN	2/01/19	0				0	0 HY	0	0
59	711 IMPROVEMENTS-DECK, LANDSCA	2/27/19	0				0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>8,620</u>				<u>8,620</u>		<u>0</u>	<u>1,129</u>
	<b>Total ACRS and Other Depreciation</b>		<u>8,620</u>				<u>8,620</u>		<u>0</u>	<u>1,129</u>

**Listed Property:**

4	GMC	3/02/18	48,341			X	0	5 HY 200DB	48,341	0
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20-5050449

**AMT Asset Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			48,341			0		48,341	0
	<b>Grand Totals</b>		1,123,267			749,441		630,323	33,434
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		1,123,267			749,441		630,323	33,434

20-5050449

**Bonus Depreciation Report**

FYE: 12/31/2019

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	COMMERCIAL KITCHEN SVC-EQUIPME	2/23/18	12,028		0	0	1,718	10,310
4	GMC	3/02/18	48,341	100	0	0	9,668	38,673
5	MOBILE KITCHEN IMPROVEMENTS	3/26/18	17,090		0	0	2,441	14,649
6	VA REF TRAILER GEN BOX	4/10/18	627		0	0	90	537
7	COMMERCIAL KITCHEN SERVICES EQ	4/12/18	1,000		0	0	143	857
8	2 HOT BOXES, MOBILE REFIIDT, SMALI	4/21/18	1,234		0	0	176	1,058
9	BLACKBUAD NEW DONOR SYSTEM	5/15/18	57,152		0	0	12,700	44,452
10	CHAIR-WHITES UPHOLSTERY	6/05/18	625		0	0	89	536
11	REST EQUIP & SUPPLY	7/11/18	546		0	0	78	468
12	MICROWAVE FOR CARRIAGE HOUSE	7/24/18	124		0	0	18	106
15	FFE (2009)	6/08/09	9,873		0	0	4,937	4,936
16	APPLE LAPTOP	4/25/12	2,307		0	0	1,154	1,153
17	NEW GENERATORS	9/05/12	3,969		0	0	1,985	1,984
18	'11 CHEVY TRUCK	11/07/12	44,800		0	0	22,400	22,400
19	2011 FREIGHTLINER	12/06/12	28,088		0	0	14,044	14,044
20	COMMERCIAL GENERATOR	2/28/13	5,559		0	0	2,780	2,779
21	DOCKING STN MACBOOK	3/04/13	61		0	0	31	30
22	VIEW SONIC 24"	3/06/13	229		0	0	115	114
23	LEE TRAILER LT-42	5/31/13	91,111		0	0	45,556	45,555
24	KUBOTA UTILITY VEHICLE	5/31/13	15,300		0	0	7,650	7,650
25	CONVENTION OVEN	6/30/13	5,195		0	0	2,598	2,597
26	TILTING SKILLET, GAS	6/30/13	12,000		0	0	6,000	6,000
27	TILTING SKILLET, GAS	6/30/13	12,000		0	0	6,000	6,000
28	ICE CUBER W/ BIN	6/30/13	2,250		0	0	1,125	1,125
29	LEE TRAILER LT-18	7/31/13	44,086		0	0	22,043	22,043
30	2012 3500 DODGE RAM	3/20/14	31,000		0	0	15,500	15,500
31	2000 NEWMAR 5TH WHEEL	4/07/14	35,000		0	0	17,500	17,500
33	GENERATOR MCI	12/10/14	13,500		0	0	6,750	6,750
34	FRYER	3/01/15	600		0	0	300	300
35	(2) HOT BOXES	3/01/15	1,600		0	0	800	800
36	(2) SIX BURNER HOT PLATE	3/01/15	2,400		0	0	1,200	1,200
37	(2) GRIDDLES	3/01/15	1,400		0	0	700	700
38	(3) CHAR BROILERS	3/01/15	1,800		0	0	900	900
39	UNDER COUNTER CHEF UNIT	3/01/15	1,500		0	0	750	750
40	TWO DOOR REACH IN FRIDGE	3/01/15	1,000		0	0	500	500
41	GENERATOR EV 3000	5/06/15	2,119		0	0	1,060	1,059
42	(2) BAKERS PRIDE OVENS	9/15/15	8,000		0	0	4,000	4,000
43	MCI IV MOBILE KITCHEN	10/29/15	129,099		0	0	64,550	64,549
44	(2) HOT BOXES	11/01/15	1,600		0	0	800	800
45	(2) WALK IN COOLERS	11/01/15	17,000		0	0	8,500	8,500
46	HOT AND COLD DELIVERY TRUCK	2/27/17	14,000		0	0	7,000	7,000
47	2010 ISUZU NPR CARRIER	9/14/17	33,056		0	0	12,817	20,239
48	53' REEFER TRAILER	9/15/17	6,404		0	0	2,483	3,921
49	HONDA GENERATOR	12/14/17	2,470		0	0	2,470	0
50	PORTABLE GENERATOR	12/18/17	1,995		0	0	1,995	0
51	UNDER COUNTER CHEF UNIT	11/01/15	1,500		0	0	750	750
<b>Grand Total</b>			<b>722,638</b>		<b>0</b>	<b>0</b>	<b>316,864</b>	<b>405,774</b>

# Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	1	COMMERCIAL KITCHEN SVC-EQUIPMENT	2,946	0	2,946
Page 1	1	4	GMC	15,469	0	15,469
Page 1	1	5	MOBILE KITCHEN IMPROVEMENTS	4,185	0	4,185
Page 1	1	6	VA REF TRAILER GEN BOX	153	0	153
Page 1	1	7	COMMERCIAL KITCHEN SERVICES EQUIP	245	0	245
Page 1	1	8	2 HOT BOXES, MOBILE REFIIDT, SMALLW	302	0	302
Page 1	1	10	CHAIR-WHITES UPHOLSTERY	153	0	153
Page 1	1	11	REST EQUIP & SUPPLY	134	0	134
Page 1	1	12	MICROWAVE FOR CARRIAGE HOUSE	30	0	30
Page 1	1	15	FFE (2009)	0	0	0
Page 1	1	16	APPLE LAPTOP	0	0	0
Page 1	1	17	NEW GENERATORS	110	89	21
Page 1	1	18	'11 CHEVY TRUCK	0	0	0
Page 1	1	19	2011 FREIGHTLINER	0	0	0
Page 1	1	20	COMMERCIAL GENERATOR	496	248	248
Page 1	1	21	DOCKING STN MACBOOK	0	0	0
Page 1	1	22	VIEW SONIC 24"	0	0	0
Page 1	1	23	LEE TRAILER LT-42	0	0	0
Page 1	1	24	KUBOTA UTILITY VEHICLE	0	0	0
Page 1	1	25	CONVENTION OVEN	463	463	0
Page 1	1	26	TILTING SKILLET, GAS	1,071	1,071	0
Page 1	1	27	TILTING SKILLET, GAS	1,071	1,071	0
Page 1	1	28	ICE CUBER W/ BIN	201	201	0
Page 1	1	29	LEE TRAILER LT-18	0	0	0
Page 1	1	30	2012 3500 DODGE RAM	1,786	893	893
Page 1	1	31	2000 NEWMAR 5TH WHEEL	2,016	2,016	0
Page 1	1	32	OFFICE BUILDING	1,056	1,056	0
Page 1	1	33	GENERATOR MCI	602	602	0
Page 1	1	34	FRYER	47	47	0
Page 1	1	35	(2) HOT BOXES	125	125	0
Page 1	1	36	(2) SIX BURNER HOT PLATE	187	187	0
Page 1	1	37	(2) GRIDDLES	109	109	0
Page 1	1	38	(3) CHAR BROILERS	141	141	0
Page 1	1	39	UNDER COUNTER CHEF UNIT	117	117	0
Page 1	1	40	TWO DOOR REACH IN FRIDGE	78	78	0
Page 1	1	41	GENERATOR EV 3000	91	91	0
Page 1	1	42	(2) BAKERS PRIDE OVENS	744	744	0
Page 1	1	43	MCI IV MOBILE KITCHEN	0	0	0
Page 1	1	44	(2) HOT BOXES	161	161	0
Page 1	1	45	(2) WALK IN COOLERS	1,707	1,707	0
Page 1	1	46	HOT AND COLD DELIVERY TRUCK	1,344	1,344	0
Page 1	1	47	2010 ISUZU NPR CARRIER	8,096	8,096	0
Page 1	1	48	53' REEFER TRAILER	1,120	1,120	0
Page 1	1	49	HONDA GENERATOR	0	0	0
Page 1	1	50	PORTABLE GENERATOR	0	0	0
Page 1	1	51	UNDER COUNTER CHEF UNIT	151	67	84
				<u>46,707</u>	<u>21,844</u>	<u>24,863</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
1	COMMERCIAL KITCHEN SVC-EQUIPMENT	2/23/18	12,028	2,104	0
5	MOBILE KITCHEN IMPROVEMENTS	3/26/18	17,090	2,990	0
6	VA REF TRAILER GEN BOX	4/10/18	627	110	0
7	COMMERCIAL KITCHEN SERVICES EQUIP	4/12/18	1,000	175	0
8	2 HOT BOXES, MOBILE REFIIDT, SMALLW.	4/21/18	1,234	216	0
10	CHAIR-WHITES UPHOLSTERY	6/05/18	625	110	0
11	REST EQUIP & SUPPLY	7/11/18	546	95	0
12	MICROWAVE FOR CARRIAGE HOUSE	7/24/18	124	22	0
15	FFE (2009)	6/08/09	9,873	0	0
16	APPLE LAPTOP	4/25/12	2,307	0	0
17	NEW GENERATORS	9/05/12	3,969	0	0
18	'11 CHEVY TRUCK	11/07/12	44,800	0	0
19	2011 FREIGHTLINER	12/06/12	28,088	0	0
20	COMMERCIAL GENERATOR	2/28/13	5,559	248	124
21	DOCKING STN MACBOOK	3/04/13	61	0	0
22	VIEW SONIC 24"	3/06/13	229	0	0
23	LEE TRAILER LT-42	5/31/13	91,111	0	0
24	KUBOTA UTILITY VEHICLE	5/31/13	15,300	0	0
25	CONVENTION OVEN	6/30/13	5,195	232	232
26	TILTING SKILLET, GAS	6/30/13	12,000	536	536
27	TILTING SKILLET, GAS	6/30/13	12,000	536	536
28	ICE CUBER W/ BIN	6/30/13	2,250	100	100
29	LEE TRAILER LT-18	7/31/13	44,086	0	0
30	2012 3500 DODGE RAM	3/20/14	31,000	0	0
31	2000 NEWMAR 5TH WHEEL	4/07/14	35,000	0	0
32	OFFICE BUILDING	6/23/14	41,181	1,056	1,055
33	GENERATOR MCI	12/10/14	13,500	603	603
34	FRYER	3/01/15	600	47	47
35	(2) HOT BOXES	3/01/15	1,600	125	125
36	(2) SIX BURNER HOT PLATE	3/01/15	2,400	188	188
37	(2) GRIDDLES	3/01/15	1,400	110	110
38	(3) CHAR BROILERS	3/01/15	1,800	140	140
39	UNDER COUNTER CHEF UNIT	3/01/15	1,500	117	117
40	TWO DOOR REACH IN FRIDGE	3/01/15	1,000	79	79
41	GENERATOR EV 3000	5/06/15	2,119	90	90
42	(2) BAKERS PRIDE OVENS	9/15/15	8,000	743	743
43	MCI IV MOBILE KITCHEN	10/29/15	129,099	0	0
44	(2) HOT BOXES	11/01/15	1,600	160	160
45	(2) WALK IN COOLERS	11/01/15	17,000	1,707	1,707
46	HOT AND COLD DELIVERY TRUCK	2/27/17	14,000	806	806
47	2010 ISUZU NPR CARRIER	9/14/17	33,056	4,857	4,857
48	53' REEFER TRAILER	9/15/17	6,404	800	800
49	HONDA GENERATOR	12/14/17	2,470	0	0
50	PORTABLE GENERATOR	12/18/17	1,995	0	0
51	UNDER COUNTER CHEF UNIT	11/01/15	1,500	150	67
			<u>658,326</u>	<u>19,252</u>	<u>13,222</u>

**Other Depreciation:**

2	711 WASHINGTON ST	2/28/18	407,980	10,461	10,461
3	LAND-711 WASHINGTON ST	2/28/18	101,995	0	0
9	BLACKBAUD NEW DONOR SYSTEM	5/15/18	57,152	8,467	0
13	711 WASH. ST-REMODLE	7/30/18	136,759	3,506	0
14	LAND-3 LOTS NEXT TO 711 WASH ST	12/12/18	7,000	0	0
52	ORGANIZATION COSTS	1/01/07	1,131	0	0
55	FURNISHING CHRISTMAS	1/07/19	1,964	280	0
56	3 THOMAS MCLAUCHIN PAINTING	1/30/19	8,620	1,231	1,231
57	BLACKBAUD DONOR SYSTEM	4/15/19	29,936	9,978	0
58	19 FORD TRANSIT VAN	2/01/19	44,678	8,936	0
59	711 IMPROVEMENTS-DECK, LANDSCAPIN	2/27/19	9,000	231	0
	<b>Total Other Depreciation</b>		<u>806,215</u>	<u>43,090</u>	<u>11,692</u>

**Future Depreciation Report** **FYE: 12/31/20**

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Total ACRS and Other Depreciation</b>			<u>806,215</u>	<u>43,090</u>	<u>11,692</u>
<b>Listed Property:</b>					
4	GMC	3/02/18	<u>48,341</u>	<u>0</u>	<u>0</u>
			<u>48,341</u>	<u>0</u>	<u>0</u>
<b>Grand Totals</b>			<u>1,512,882</u>	<u>62,342</u>	<u>24,914</u>

Asset	Description	Date In Service	Cost	VA
<b>Prior MACRS:</b>				
1	COMMERCIAL KITCHEN SVC-EQUIPMENT	2/23/18	12,028	2,104
5	MOBILE KITCHEN IMPROVEMENTS	3/26/18	17,090	2,990
6	VA REF TRAILER GEN BOX	4/10/18	627	110
7	COMMERCIAL KITCHEN SERVICES EQUIP	4/12/18	1,000	175
8	2 HOT BOXES, MOBILE REFIIDT, SMALLW.	4/21/18	1,234	216
10	CHAIR-WHITES UPHOLSTERY	6/05/18	625	110
11	REST EQUIP & SUPPLY	7/11/18	546	95
12	MICROWAVE FOR CARRIAGE HOUSE	7/24/18	124	22
15	FFE (2009)	6/08/09	9,873	0
16	APPLE LAPTOP	4/25/12	2,307	0
17	NEW GENERATORS	9/05/12	3,969	0
18	'11 CHEVY TRUCK	11/07/12	44,800	0
19	2011 FREIGHTLINER	12/06/12	28,088	0
20	COMMERCIAL GENERATOR	2/28/13	5,559	248
21	DOCKING STN MACBOOK	3/04/13	61	0
22	VIEW SONIC 24"	3/06/13	229	0
23	LEE TRAILER LT-42	5/31/13	91,111	0
24	KUBOTA UTILITY VEHICLE	5/31/13	15,300	0
25	CONVENTION OVEN	6/30/13	5,195	232
26	TILTING SKILLET, GAS	6/30/13	12,000	536
27	TILTING SKILLET, GAS	6/30/13	12,000	536
28	ICE CUBER W/ BIN	6/30/13	2,250	100
29	LEE TRAILER LT-18	7/31/13	44,086	0
30	2012 3500 DODGE RAM	3/20/14	31,000	0
31	2000 NEWMAR 5TH WHEEL	4/07/14	35,000	0
32	OFFICE BUILDING	6/23/14	41,181	1,056
33	GENERATOR MCI	12/10/14	13,500	603
34	FRYER	3/01/15	600	47
35	(2) HOT BOXES	3/01/15	1,600	125
36	(2) SIX BURNER HOT PLATE	3/01/15	2,400	188
37	(2) GRIDDLES	3/01/15	1,400	110
38	(3) CHAR BROILERS	3/01/15	1,800	140
39	UNDER COUNTER CHEF UNIT	3/01/15	1,500	117
40	TWO DOOR REACH IN FRIDGE	3/01/15	1,000	79
41	GENERATOR EV 3000	5/06/15	2,119	90
42	(2) BAKERS PRIDE OVENS	9/15/15	8,000	743
43	MCI IV MOBILE KITCHEN	10/29/15	129,099	0
44	(2) HOT BOXES	11/01/15	1,600	160
45	(2) WALK IN COOLERS	11/01/15	17,000	1,707
46	HOT AND COLD DELIVERY TRUCK	2/27/17	14,000	806
47	2010 ISUZU NPR CARRIER	9/14/17	33,056	4,857
48	53' REEFER TRAILER	9/15/17	6,404	800
49	HONDA GENERATOR	12/14/17	2,470	0
50	PORTABLE GENERATOR	12/18/17	1,995	0
51	UNDER COUNTER CHEF UNIT	11/01/15	1,500	249
			<u>658,326</u>	<u>19,351</u>

**Other Depreciation:**

2	711 WASHINGTON ST	2/28/18	407,980	10,461
3	LAND-711 WASHINGTON ST	2/28/18	101,995	0
9	BLACKBAUD NEW DONOR SYSTEM	5/15/18	57,152	19,050
13	711 WASH. ST-REMODLE	7/30/18	136,759	3,506
14	LAND-3 LOTS NEXT TO 711 WASH ST	12/12/18	7,000	0
52	ORGANIZATION COSTS	1/01/07	1,131	0
55	FURNISHING CHRISTMAS	1/07/19	1,964	280
56	3 THOMAS MCLAUCHIN PAINTING	1/30/19	8,620	1,231
57	BLACKBAUD DONOR SYSTEM	4/15/19	29,936	9,978
58	19 FORD TRANSIT VAN	2/01/19	44,678	8,936
59	711 IMPROVEMENTS-DECK, LANDSCAPIN	2/27/19	9,000	231
	<b>Total Other Depreciation</b>		<u>806,215</u>	<u>53,673</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>VA</u>
<b>Total ACRS and Other Depreciation</b>			<u>806,215</u>	<u>53,673</u>
<b>Listed Property:</b>				
4	GMC	3/02/18	<u>48,341</u>	<u>9,282</u>
			<u>48,341</u>	<u>9,282</u>
<b>Grand Totals</b>			<u>1,512,882</u>	<u>82,306</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
Name _____ For calendar year 2019, or tax year beginning _____, ending _____		Taxpayer Identification Number <b>20-5050449</b>

Name **MERCY CHEFS INC.** Taxpayer Identification Number **20-5050449**

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	2,541,216	2,760,730	219,514
	2. Membership dues and assessments			
	3. Government contributions and grants		113,500	113,500
	4. Program service revenue			
	5. Investment income	700		-700
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>2,541,916</b>	<b>2,874,230</b>	<b>332,314</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members	159,531	273,738	114,207
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	511,969	723,707	211,738
	17. Professional fundraising fees	214,097	129,621	-84,476
	18. Other professional fees	21,472	29,264	7,792
	19. Occupancy, rent, utilities, and maintenance	30,662	113,708	83,046
	20. Depreciation and Depletion	77,654	97,003	19,349
	21. Other expenses	1,703,011	1,673,809	-29,202
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,718,396</b>	<b>3,040,850</b>	<b>322,454</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-176,480</b>	<b>-166,620</b>	<b>9,860</b>
<b>Other Information</b>	24. Total exempt revenue		2,874,230	2,874,230
	25. Total unrelated revenue			
	26. Total excludable revenue			
	27. Total assets	1,416,865	1,307,373	-109,492
	28. Total liabilities	288,249	345,385	57,136
	29. Retained earnings	1,128,616	961,988	-166,628
	30. Number of voting members of governing body	4	4	
31. Number of independent voting members of governing body	4	4		
32. Number of employees		28		
33. Number of volunteers	25	32		



Form <b>990</b>	<b>Tax Return History</b>	<b>2019</b>
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Name <b>MERCY CHEFS INC.</b>	Employer Identification Number <b>20-5050449</b>
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants .....	918,409	1,533,949	3,032,087	2,541,216	2,874,230	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....	39,269	-1,013	44	700		
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>957,678</b>	<b>1,532,936</b>	<b>3,032,131</b>	<b>2,541,916</b>	<b>2,874,230</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....					273,738	
Compensation of officers, etc. ....						
Other compensation .....					723,707	
Professional fees .....					158,885	
Occupancy costs .....					113,708	
Depreciation and depletion .....					97,003	
Other expenses .....					1,673,809	
<b>Total expenses</b> .....					<b>3,040,850</b>	
<b>Excess or (Deficit)</b> .....	<b>957,678</b>	<b>1,532,936</b>	<b>3,032,131</b>	<b>2,541,916</b>	<b>-166,620</b>	
<b>Total exempt revenue</b> .....					<b>2,874,230</b>	
Total unrelated revenue .....						
Total excludable revenue .....						
Total Assets .....					1,307,373	
Total Liabilities .....					345,385	
Net Fund Balances .....					961,988	

MERCYCHEFS MERCY CHEFS INC.  
 20-5050449  
 FYE: 12/31/2019

**Federal Statements**

9/29/2020 10:54 AM

**Form 990. Part IX. Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
CHARTITABLE CONTRIBUTIONS	\$ 23,000	\$	\$ 23,000	\$
MEMBERSHIP DUES	22,932		22,932	
LODGING	20,709	20,709		
PURCHASES	17,556	17,556		
FUNDRAISING	16,605			16,605
SUMMER FEEDING PROGRAM	14,262	14,262		
PARK PLACE SCHOOL	12,186	12,186		
TAXES & LICENSES	8,879		8,879	
FREIGHT & DELIVERY	2,889	2,889		
WEBSITE MAINTENANCE	1,500		1,500	
BANK SERVICE CHGS	904		904	
QUICKBOOKS PAYMENT FEES	649		649	
TRAINING	350	350		
Total	<u>\$ 142,421</u>	<u>\$ 67,952</u>	<u>\$ 57,864</u>	<u>\$ 16,605</u>

MERCYCHEFS MERCY CHEFS INC.  
20-5050449  
FYE: 12/31/2019

## Federal Statements

9/29/2020 10:54 AM

### Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 113,500
	<u>2,760,730</u>
Total	\$ <u><u>2,874,230</u></u>