

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Mercy-USA For Aid &amp; Development, Inc</b>	
	Number and street (or P.O. box if mail is not delivered to street address) <b>44450 Pinetree Drive</b>	Room/suite <b>201</b>
	City or town, state or country, and ZIP + 4 <b>Plymouth MI 481703869</b>	
	* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

**D** Employer identification no.  
**38-2846307**

**E** Telephone number  
**734-454-0011**

**F** Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

**G** Website: **www.mercyusa.org**

**J** Organization type (check only one)  501(c) ( **3** ) < (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

- H and are not applicable to section 527 organizations. I
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instr.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **5,263,229**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	2,319,864	
	b	Indirect public support	1b	298,549	
	c	Government contributions (grants)	1c	2,618,376	
	d	Total (add lines 1a through 1c) (cash \$ <u>3,205,665</u> noncash \$ <u>2,031,124</u> )	1d		5,236,789
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		351
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		24,037
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	1,875	
		(B) Other	8b		
			8c	1,875	
		Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		1,875
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
		b	Less: direct expenses other than fundraising expenses	9b	
		c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		177	
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,263,229	
Expenses	13	Program services (from line 44, column (B))	13	4,670,935	
	14	Management and general (from line 44, column (C))	14	457,845	
	15	Fundraising (from line 44, column (D))	15	136,016	
	16	Payments to affiliates (attach schedule)	16		
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	5,264,796	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-1,567	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,497,309	
	20	Other changes in net assets or fund balances (attach explanation) <b>See Statement 2</b>	20	-332,360	
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18, 19, and 20)	21	2,163,382	

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) <b>Stmt 3</b> (cash \$ <b>468,402</b> non-cash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22 <b>468,402</b>	<b>468,402</b>		
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26 <b>697,919</b>	<b>471,559</b>	<b>226,360</b>	
27	Pension plan contributions	27			
28	Other employee benefits	28 <b>81,960</b>	<b>29,917</b>	<b>52,043</b>	
29	Payroll taxes	29 <b>18,507</b>		<b>18,507</b>	
30	Professional fundraising fees	30			
31	Accounting fees	31 <b>30,165</b>	<b>3,000</b>	<b>27,165</b>	
32	Legal fees	32 <b>12,137</b>	<b>2,821</b>	<b>9,316</b>	
33	Supplies	33 <b>21,596</b>	<b>9,162</b>	<b>12,434</b>	
34	Telephone	34 <b>41,048</b>	<b>33,934</b>	<b>7,114</b>	
35	Postage and shipping	35 <b>36,671</b>	<b>1,300</b>	<b>17,577</b>	<b>17,794</b>
36	Occupancy	36 <b>128,575</b>	<b>91,705</b>	<b>36,870</b>	
37	Equipment rental and maintenance	37			
38	Printing and publications	38 <b>12,399</b>	<b>865</b>	<b>1,371</b>	<b>10,163</b>
39	Travel	39 <b>140,019</b>	<b>102,537</b>	<b>7,452</b>	<b>30,030</b>
40	Conferences, conventions, and meetings	40 <b>4,454</b>		<b>4,454</b>	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 <b>24,047</b>	<b>20,358</b>	<b>3,689</b>	
43	Other expenses not covered above (itemize):				
a	<b>See Statement 4</b>	43a <b>3,546,897</b>	<b>3,435,375</b>	<b>33,493</b>	<b>78,029</b>
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 <b>5,264,796</b>	<b>4,670,935</b>	<b>457,845</b>	<b>136,016</b>

Joint Costs. Check  If you are following SOP 98-2.

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose?

▶ **See Statement 5**

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

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

<p>a <b>Food, Shelter &amp; Orphan Assistance-To provide food, shelter, winter supplies and other household and/or personal items.</b></p> <p>(Grants and allocations \$ <b>439,402</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<b>1,170,537</b>
<p>b <b>Health Services-To improve individual and community health education, immunization and other preventive measures. It also includes operation of clinics, hospitals and other health care facilities.</b></p> <p>(Grants and allocations \$ <b>29,000</b> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<b>284,862</b>
<p>c <b>Economic Vitalization-To provide ways for needy individuals and communities to sustain themselves and to improve their quality of life and provide assistance in reviving economies of communities devastated by disaster.</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<b>849,057</b>
<p>d <b>Education-To provide basic and higher academic education, vocational &amp; technical training to children and adults; the improvement, rehabilitation and renovation of the existing educational infrastructure.</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<b>2,183,929</b>
<p>e Other program services (attach schedule) <b>See Stmt 6</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/></p>	<b>182,550</b>
<p><b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b></p>	<b>4,670,935</b>

Form 990 (2005)

**Part IV Balance Sheets** (See the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
Assets	45	Cash-non-interest-bearing		2,743,587	45	1,957,442	
	46	Savings and temporary cash investments			46		
	47a	Accounts receivable	47a 209,993	225,506	47c	209,993	
	b	Less: allowance for doubtful accounts	47b				
	48a	Pledges receivable	48a		48c		
	b	Less: allowance for doubtful accounts	48b		48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes and loans receivable (attach schedule) See Worksheet	51a 8,000	4,471	51c	8,000	
	b	Less: allowance for doubtful accounts	51b				
	52	Inventories for sale or use		1,820,595	52		
	53	Prepaid expenses and deferred charges		8,219	53	6,893	
	54	Investments-securities See Statement 7	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	406,103	54	429,169	
	55a	Investments-land, buildings, and equipment: basis	55a		55c		
	b	Less: accumulated depreciation (attach schedule)	55b		55c		
56	Investments-other (attach schedule)			56			
57a	Land, buildings, and equipment: basis	57a 218,205	75,513	57c	69,755		
b	Less: accumulated depreciation (attach schedule) See Statement 8	57b 148,450					
58	Other assets (describe See Statement 9 )		20,909	58	6,245		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58.		5,304,903	59	2,687,497		
Liabilities	60	Accounts payable and accrued expenses		502,119	60	456,183	
	61	Grants payable			61		
	62	Deferred revenue See Statement 10		2,305,475	62	67,932	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe )			65		
66	<b>Total liabilities.</b> Add lines 60 through 65.		2,807,594	66	524,115		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted		2,485,943	67	2,158,297	
	68	Temporarily restricted		11,366	68	5,085	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		2,497,309	73	2,163,382		
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.		5,304,903	74	2,687,497		

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	5,282,216
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b> 18,987		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	18,987
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	5,263,229
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	5,263,229

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	5,616,143
<b>b</b>	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify):	<b>b4</b> See Stmt 11 351,347		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	351,347
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	5,264,796
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	5,264,796

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Attached		0	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

		Yes	No
<b>75a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ <b>4</b></span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	<b>X</b>
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	<b>75c</b>	<b>X</b>
<b>d</b>	Does the organization have a written conflict of interest policy?	<b>75d</b>	<b>X</b>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<b>N/A</b>				

**Part VI Other Information (See the instructions.)**

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	<b>X</b>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	<b>X</b>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the organization <span style="float: right;">▶</span> <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures. (See line 81 Instructions.)	<b>81a</b>	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>	<b>X</b>

**Part VI Other Information (continued)**

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	See Stmt 12 82b 10,000		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A 84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A 85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A 85b		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A 85g
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A 85h
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed CA, IL, MI, NJ		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	
91a	The books are in care of Umar-Al-Qadi Telephone no. 734-454-0011 44450 Pinetree Dr., Located at Plymouth, MI ZIP + 4 48170		
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)? If "Yes," enter the name of the foreign country See List Attached	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country See List Attached	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>Program Fees</b>					351
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	24,037	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	624200	1,875			
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b <b>Sales</b>					177
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,875		24,037	528
105 Total (add line 104, columns (B), (D), and (E))					26,440

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
96	Income generated is utilized for achieving the goals of the organization.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

6/12/2006  
Date

UMAR AL-QADI / PRESIDENT AND CEO  
Type or print name and title.



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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**Mercy-USA For Aid & Development, Inc**

Employer identification number  
**38-2846307**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,058,439	2,935,647	8,386,738	4,409,079	20,789,903
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	630	490	548	320	1,988
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	27,351	46,576	29,728	45,179	148,834
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <b>Stat. 13</b>	1,750	4,650	491	10	6,901
23 Total of lines 15 through 22	5,088,170	2,987,363	8,417,505	4,454,588	20,947,626
24 Line 23 minus line 17	5,087,540	2,986,873	8,416,957	4,454,268	20,945,638
25 Enter 1% of line 23	50,882	29,874	84,175	44,546	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (c), line 24					26a 418,913
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (c)					26c 20,945,638
d Add: Amounts from column (e) for lines: 18 <u>148,834</u> 19 _____					26d 155,735
22 <u>6,901</u> 26b _____					26e 20,789,903
e Public support (line 26c minus line 26d total)					26f 99.2565%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger the amount on line 25 for the year or of (1) (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					N/A
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					27d
d Add: Line 27a total _____ and line 27b total _____					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000 .....		
Over \$500,000 but not over \$1,000,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....		
Over \$1,500,000 but not over \$17,000,000 .....		
Over \$17,000,000 .....		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40 .....		
\$100,000 plus 15% of the excess over \$500,000 .....		
\$175,000 plus 10% of the excess over \$1,000,000 .....		
\$225,000 plus 5% of the excess over \$1,500,000 .....		
\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....		<b>X</b>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines through c h.) .....		<b>X</b>	
<b>c</b> Media advertisements .....		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public .....		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements .....		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes .....		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		<b>X</b>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		<b>X</b>	
<b>i</b> Total lobbying expenditures (Add lines through c h.) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)**

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash .....
  - (ii) Other assets .....
- b** Other transactions:
- (i) Sales or exchanges of assets with a noncharitable exempt organization .....
  - (ii) Purchases of assets from a noncharitable exempt organization .....
  - (iii) Rental of facilities, equipment, or other assets .....
  - (iv) Reimbursement arrangements .....
  - (v) Loans or loan guarantees .....
  - (vi) Performance of services or membership or fundraising solicitations .....

	Yes	No
51a(i)		<input checked="" type="checkbox"/>
a(ii)		<input checked="" type="checkbox"/>
b(i)		<input checked="" type="checkbox"/>
b(ii)		<input checked="" type="checkbox"/>
b(iii)		<input checked="" type="checkbox"/>
b(iv)		<input checked="" type="checkbox"/>
b(v)		<input checked="" type="checkbox"/>
b(vi)		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
<b>N/A</b>			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		

Forms **990 / 990-PF** **Other Notes and Loans Receivable** **2005**  
 For calendar year 2005, or tax year beginning , and ending

Name **Mercy-USA For Aid & Development, Inc** Employer Identification Number **38-2846307**

**Form 990, Part IV, Line 51a - Additional Information**

Name of borrower	Relationship to disqualified person
(1) <b>Notes Receivable</b>	
(2) <b>Travel Advance</b>	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	1,000	8,000	
(2)	3,471		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	4,471	8,000	

### Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Gain on Sale of Equipment Purchase					\$ 1,875	\$		\$ 1,875
Total					\$ 1,875	\$ 0	\$ 0	\$ 1,875



**Federal Statements****Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ 18,987
Oth Amts Included on Financial Stmtns Not on Return	-351,347
Total	<u>\$ -332,360</u>

Name of Recipient	Grant Purpose	Amount
Islamic Aid / Bangladesh	Food Aid in Bangladesh	<u>9,840</u> <u>9,840</u>
United Economic Forum	Temporary Earthquake Shelter in India Tsunami Food & Shelter Aid in India Food Aid in India	38,000 40,000 13,000 <u>91,000</u>
National Humanitarian Foundation in Indonesia (Yayasan Pos Keadilan Peduli Ummat)	Tsunami Food & Shelter Aid in Indonesia Tsunami Health Aid in Indonesia	106,162 7,000 <u>113,162</u>
Canadian Relief Foundation	Earthquake Shelter Aid in Pakistan Earthquake Medical Aid in Pakistan	176,000 22,000 <u>198,000</u>
Association of Physicians of Pakistani Descent of North America	Earthquake Shelter Aid in Pakistan	46,400 <u>46,400</u>
Foundation for Human Rights and Humanitarian Relief in Turkey (Insan Hak Hurriyet Insan Y Vakfi)	Food Aid for Chechen Refugees in Turkey	10,000 <u>10,000</u>
<b>Total Grants</b>		<u>468,402</u>

**Federal Statements****Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Scholarships	2,640	2,640		
Advertising	57,941		2,810	55,131
Transportation	60,855	56,799	4,056	
Insurance	5,929		5,929	
Professional Fees	11,761	11,761		
Program Materials	3,323,917	3,323,917		
Bank Charges/Currency Fluct.	51,394	17,532	10,964	22,898
Indirect Cost	22,715	22,715		
Dues, Subscriptions	9,745	11	9,734	
<b>Total</b>	<b>\$ 3,546,897</b>	<b>\$ 3,435,375</b>	<b>\$ 33,493</b>	<b>\$ 78,029</b>

**Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose**

Mercy-USA is involved in relief and development for individuals and communities providing economic vitalization, health care, food, shelter and education.

**Statement 6 - Form 990, Part III, Line e - Other Program Services**

Description

General Program- General program includes all ancillary program services needed to maintain and enhance the specific program sectors.

**Federal Statements**

**Statement 7 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock Investments	406,103	429,169	Market
	<u>406,103</u>	<u>429,169</u>	

**Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Automobile	\$ 113,962	\$ 49,941	\$ 115,443	\$ 66,402
Office Equipment	80,108	70,430	76,328	58,748
Office Furniture	7,617	5,803	8,517	6,932
Audio Visual	10,592	10,592	10,938	10,441
Others	4,645	4,645	6,979	5,927
Total	<u>\$ 216,924</u>	<u>\$ 141,411</u>	<u>\$ 218,205</u>	<u>\$ 148,450</u>

**Statement 9 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
Security Deposits	\$ 5,600	\$ 6,245
Advances to Subcontractors	15,309	
Total	<u>\$ 20,909</u>	<u>\$ 6,245</u>

**Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue**

Description	Beginning of Year	End of Year
Advances from US Dept. of Agriculture	\$ 2,282,198	\$ 67,932
U.S. Agency for International Dev.	23,277	
Total	<u>\$ 2,305,475</u>	<u>\$ 67,932</u>

### Federal Statements

#### Statement 11 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

Description	Amount
Loss on Currency Fluctuation	\$ 351,347
Total	\$ <u>351,347</u>

# Federal Statements

## Statement 12 - Form 990, Part VI, Line 82b - Donated Services

<u>Description</u>	<u>Amount</u>
Volunteer Services	\$ 10,000
Total	<u>\$ 10,000</u>

**Federal Statements****Statement 13 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
Sales	\$ 40	\$ 120	\$ 491	\$ 10
Gain on Sale of Assets	1,710	4,530		
Total	<u>\$ 1,750</u>	<u>\$ 4,650</u>	<u>\$ 491</u>	<u>\$ 10</u>



**FOREIGN COUNTRIES**

1 ALBANIA

2 BOSNIA

3 INDONESIA

4 KENYA

5 KOSOVO

6 SOMALIA

Mercy-USA for Aid and Development, Inc.  
**LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES**

2005  
 EIN: 38-2846307

NAME & ADDRESS	HOURS	TITLE	COMPENSATION	BENEFITS	EXPENSE ACCOUNT
Zakia Mahasa 44450 Pinetree Dr #201 Plymouth, MI 48170	1	Chairperson	0	0	0
Syed Salman 44450 Pinetree Dr #201 Plymouth, MI 48170	1	Treasurer	0	0	0
Mr. Faizil Baksh 44450 Pinetree Dr #201 Plymouth, MI 48170	1	Board Member	0	0	0
Dr. Ali El-Menshawi 44450 Pinetree Dr #201 Plymouth, MI 48170	1	Board Member	0	0	0
Umar al-Qadi 44450 Pinetree Dr #201 Plymouth, MI 48170	40	President & CEO	60,300	16,440	0
Anas Allhaidar 44450 Pinetree Dr #201 Plymouth, MI 48170	40	CFO and Director of Community Relations	55,150	13,411	0

Form **8868**

(Rev. December 2004)

Department of the Treasury  
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	<b>Mercy-USA For Aid &amp; Development, Inc</b>	<b>38-2846307</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	<b>44450 Pinetree Drive 201</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>Plymouth MI 481703869</b>	

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

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

● The books are in the care of ▶ **Umar-Al-Qadi**

Telephone No. ▶ **734-454-0011** FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_, if this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **8/15/06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2005** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.