Form 990
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)

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990



Α	For th	e 2013 calendar year, or tax year beginning and e	ending	0				
B	Check if applicab	C Name of organization THE CRISIS MINISTRY OF MERCER COUNTY		D Employer identifie	cation number			
	Addre	THE CRISIS MINISTRY OF MERCER COUNTY						
F	chang Name chang		22-3198464					
F	Initial							
	Termi	· · · · · · · · · · · · · · · · · · ·	609-396-9355					
	Amer returr	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,902,600.				
	Appli tion	IRENION, NO 00000		H(a) Is this a group re				
	pend	F Name and address of principal officer: FRED VAN SICKLE		for subordinates	? Yes X No			
_		same as C above		H(b) Are all subordinates in	Included? Yes No			
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or	r 🛄 527	lf "No," attach a	list. (see instructions)			
		te: WWW.THECRISISMINISTRY.ORG		H(c) Group exemption				
	_	f organization: 🔟 Corporation 🔄 Trust 🔄 Association 📃 Other 🕨	L Year (of formation: 1992 N	State of legal domicile: NJ			
Pa	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities:	JNTLA	OUTREACH				
Activities & Governance								
/eri	2	Check this box Check this box			isets. 15			
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			15			
ళ	4	Number of independent voting members of the governing body (Part VI, line 1b)		23				
tie	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		150				
itivi	6	Total number of volunteers (estimate if necessary)		0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year				
	8	Contributions and grants (Part VIII, line 1h)		1,792,502.	<u>Current Year</u> 1,857,653.			
Revenue	9			0.	0.			
evel	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		61,347.	32,932.			
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,532.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,863,381.	1,890,585.			
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		970,165.	1,026,620.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		599,871.	782,884.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
épe	b	Total fundraising expenses (Part IX, column (D), line 25) 64,60	8.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		240,591.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,810,627.	2,156,895.			
	19	Revenue less expenses. Subtract line 18 from line 12		52,754.	-266,310.			
or			Be	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,711,404.	2,540,952.			
t As	21	Total liabilities (Part X, line 26)		0.	27,821.			
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		2,711,404.	2,513,131.			
Pa	art II	Signature Block						
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer GERALD DELK, TREASURER Type or print name and title			Date								
Paid	Print/Type preparer's name THOMAS MARTIN	Preparer's signature	Date	Check PTIN if self-employed P00123816								
Preparer	Firm's name 🕨 KLATZKIN & COMPA	NY, LLP		Firm's EIN 21-0650289								
Use Only	Firm's address 1670 WHITEHORSE											
	HAMILTON, NJ 086		Phone no. (609)890-9189									
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No								
332001 10-2	332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)											

Part III Statement of Program Service Accomplishments Image: Statement of Program Service Complishments Include Schedula Combines as ensponse or note to any line in this Part III Image: Schedula Combines and Schedula Co	Form	THE CRISIS MINISTRY OF MERCER COUNTY 1990 (2013) INC. 22-	3198464	Page 2
1 Bittly deaches the argumations mission: 2 Die the organization undertake any significant program services during the year which were not listed on the prior fram 800 or 600-E2? IV res. (accident the any significant program services during the year which were not listed on the prior fram 800 or 600-E2? IV res. (accident the any significant program services are program services, as measured by expenses. 3 0 bit the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 3 0 becreft the organization service accomplishments for each of its three largest program services, as measured by expenses. 3 0 becreft the organization service accomplishments for each of its three largest program services, as measured by expenses. 40 0 becreft the organization is program service accomplishments for each of its three largest program services, as measured by expenses. 3 0 becreft the service acting service accomplishments for each of its three largest program services, as measured by expenses. 40 0 becreft the service accomplishment service accomplishments for each of its three largest program services. 41 0 becreft the service accomplishment service accomplis	Pa			r age =
See Schedule 0 2 Odd the organization undertake any significant program services during the year which were not listed on the proform 300 or 930 CE? Image: The organization cases conducting, or make significant changes in how it conducts, any program services as measured by perspense. 3 Odd the organization is program service accompliatments for each of its three largest program services, and meanure. If any, for each program service accompliatments for each of its three largest program services, and meanure. If any, for each program service accompliatments for our neighbors in need. Approx 40 (Code		Check if Schedule O contains a response or note to any line in this Part III		X
2 Dot the organization undertake any significant program services during the year which were not listed on the prior Farm 300 style 22 million or associate that ensures which and significant changes in how it conducts, any program services, as measured by expenses. Socian 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Socian 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Socian 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Socian 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and treeme, if you for each program services proved per month. 40 [Describe in Stretchard B, 221. strating grant or 1, 026, 620.) (mounts 1,	1			
the proof FORM 980 04 980-E27		See Schedule O		
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the proof FORM 980 04 980-E27				
the proof FORM 980 04 980-E27	2	Did the organization undertake any significant program services during the year which were not listed on		
If "Yes," describe these new services on Schedule 0. Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on case conducting, or make significant changes in how it conducts, any program services? Image: Constraints on conducting content of content on content		the prior Form 990 or 990-EZ?	Yes	XNo
# "Ves, 'describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of 15 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 reverue, if any, for each program service reported. 4 (cost] [topeness is		If "Yes," describe these new services on Schedule O.		
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Form 990 (2013) Part IV Checklist of Required Schedules

INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		<u></u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	148		
	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	14b		х
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			[_]
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		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	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

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11251111 756348 3175

Form 990 (2013) INC . Part IV Checklist of Required Schedules (continued)

INC.

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

Form **990** (2013)

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Par	t 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			No.							
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 18	3	Yes	No						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (5								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and i		-								
C	(gambling) winnings to prize winners?		1c								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10								
	filed for the calendar year ending with or within the year covered by this return 2a 23										
b											
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	^r authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х						
b	If "Yes," enter the name of the foreign country:										
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-		5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	-			37						
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	-									
7	were not tax deductible?		6b								
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	arvices provided to the pavor?	7a	x							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		x						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		10								
Ū	to file Form 8282?		7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file F	Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting									
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.										
	Did the organization make any taxable distributions under section 4966?		9a								
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:	40-									
a k	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b									
ь 11	Section 501(c)(12) organizations. Enter:										
a	Gross income from members or shareholders	11a									
	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
	Enter the amount of reserves on hand	13c									
			14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b								

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Form 990 (2013)

THE	CRISIS	MINISTRY	OF	MERCER	COUNTY
INC.	,				

Form 990 (2013)

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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

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Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15									
	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 in Schedule O.											
b	5											
2	2 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?											
3												
	of officers, directors, or trustees, or key employees to a management company or other person?											
4												
5												
6	Did the organization have members or stockholders?			6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_		v						
	more members of the governing body?			7a		<u> </u>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					v						
-	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v							
a	The governing body?			8a	X X							
b	Each committee with authority to act on behalf of the governing body?			8b	Δ							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			x						
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	201/00/1	Codo)	9		Л						
<u> </u>	tion D. Foncies (mis Section B requests information about policies not required by the internal r	ievenu	e Coue.)		Yes	No						
102	Did the organization have local chapters, branches, or affiliates?			10a	Tes	No X						
	If "Yes," did the organization have written policies and procedures governing the activities of such			104								
5	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b								
119	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay bere		114								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b	Х							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "											
	in Schedule O how this was done			12c	х							
13	Did the organization have a written whistleblower policy?			13	Х							
14	Did the organization have a written document retention and destruction policy?			14	Х							
15	Did the process for determining compensation of the following persons include a review and approv											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?										
а	The organization's CEO, Executive Director, or top management official			15a	Х							
b	Other officers or key employees of the organization			15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a									
	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	anizatio	n's									
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{NJ}$											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only)	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explained of the second sec											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	ot interest policy, an	d finar	ncial							
	statements available to the public during the tax year.											
20	State the name, physical address, and telephone number of the person who possesses the books a CAROLYN BIONDI, THE CRISIS MINISTRY - 609-396-935	and rec 5	ords of the organiza	tion: 🖻	•							
	123 EAST HANOVER STREET, TRENTON, NJ 08608	5										
00000				Form	900	(2013)						
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2013.05000 THE CRISIS MINISTRY OF MERC 3175___1

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.

INC.

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	Pos heck ss pe	itior more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FREDRICK M. VAN SICKLE	5.00	.,						0	0	0
CHAIR	_ 00	X		X				0.	0.	0.
(2) ANN ZULTNER	5.00			37				0		0
VICE CHAIR	5.00	X		Х				0.	0.	0.
(3) HELEN BURKE SECRETARY	5.00	x		x				0.	0.	0.
(4) GERALD K. DELK	5.00									
TREASURER		x		x				0.	0.	0.
(5) BARBARA FLYTHE	5.00									
MEMBER		x						0.	0.	Ο.
(6) DAPHNE JONES	1.00									
MEMBER		X						0.	0.	0.
(7) SHARYN KERSCHNER	1.00									
MEMBER		Х						0.	0.	0.
(8) CHRISTIAN MARTIN	1.00									
MEMBER		Х						0.	0.	0.
(9) LEAH MCDONALD	1.00									
MEMBER		Х						0.	0.	0.
(10) GARY PATTESON	1.00									
MEMBER		х						0.	0.	0.
(11) THOMAS SALTSMAN	1.00									•
MEMBER	1 00	X						0.	0.	0.
(12) LOUISE SENIOR	1.00	.,								0
MEMBER	1 0 0	X						0.	0.	0.
(13) JAMES P. STAHL	1.00								0.	0
MEMBER	1 00	X						0.	0.	0.
(14) NICHOLAS J. VALVANIS MEMBER	1.00	x						0.	0.	0.
(15) COLIN WATTS	1.00	^			<u> </u>			0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(16) MARY CAROLYN BIONDI	40.00	<u> </u>	-		<u> </u>				0.	0.
EXECUTIVE DIRECTOR				x				97,680.	0.	0.
222007 10 20 12										Eorm 990 (2013)

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	1990 (2013) INC . t VII Section A. Officers, Directors, Trust	toos Kov Em	nlov	000	20	김미	iaho	ct (Componented Employe	$\frac{22-31}{22-31}$.90	404	Pa	age 8
1 41	(A) Name and title	(B) Average hours per week	(do box	not c , unle	Pos check ess pe nd a d	c) ition more rson	ן than is bot	one h an	(D) Reportable	(E) Reportable compensation from related		am	(F) imate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	6	comp fro orga and		e ion ed
	Sub-total Total from continuation sheets to Part VI								97,680.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							► no r	97,680. received more than \$100),000 of reportable	0. e			0.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual										3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? <i>If "Yes,</i> Iccrue compe	" co nsat	<i>mpl</i> iion 1	ete S from	Sche any	edule / unr	e J : relat	for such individual	idual for services		4		X
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		X
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								pens	ation fr	om	
	(A) Name and business	address	N	ONI	Ε				(B) Description of s	services	С	(C compen		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	iot li	mite	d to		se li: 0	steo	d above) who received n	nore than			000	
33200 10-29-	8 13											Form S	90 (2	2013)

Form 990 (20		INC.
Part VIII	S	Statement of Revenue

INC.

THE CRISIS MINISTRY OF MERCER COUNTY

		Check if Schedule O conta	ains a response	or note to any lir	ne 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	1,811.				
Por la		Membership dues			-			
An ,		Fundraising events		27,076.	-			
lar Gif	d	Related organizations	1d		-			
ns,	е	Government grants (contributi		479,889.	-			
er (f	All other contributions, gifts, grant						
ēŧ		similar amounts not included abov	/e [1f]1 ,	348,877.	-			
and the second		Noncash contributions included in lines		482,540.	1 055 650			
<u>ā ŭ</u>	h	Total. Add lines 1a-1f		<u> </u>	1,857,653.			
				Business Code				
Program Service Revenue	2 a							
ue v	b							
n S /en	С							
Be	d							
Š	е							
<u>۳</u>		All other program service reve						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including						20 500
		other similar amounts)			29,599.			29,599.
	4	Income from investment of tax		-				
	5	Royalties						
			(i) Real	(ii) Personal	-			
		Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)		L				
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities 3,333.	(ii) Other	-			
		assets other than inventory	5,555.		-			
	D	Less: cost or other basis	0.					
	-	and sales expenses			-			
		Gain or (loss)	-	└ ┣	3,333.			3,333.
		Net gain or (loss) Gross income from fundraising			5,555.			5,555.
anc	0 a	including \$ 27,0	76. of					
Other Rever		contributions reported on line						
۳,		Part IV, line 18	-	12,015.				
lhei	h	Less: direct expenses						
ō		Net income or (loss) from fund		<u> </u>	0.			
		Gross income from gaming ac						
	. u	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
ľ		Miscellaneous Revenue		Business Code				
f	11 a							
	b							1
	С							1
	d	All other revenue						
		Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.			1,890,585.	0.	0.	32,932.
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INC.

Part IX Statement of Functional Expenses

Form 990 (2013)

THE CRISIS MINISTRY OF MERCER COUNTY

Secti	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 respor	nse or note to any line in	this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22	1,026,620.	1,026,620.						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	97,680.		73,260.	24,420.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)		450.010	24 105	11 200				
7	Other salaries and wages	498,791.	453,318.	34,105.	11,368.				
8	Pension plan accruals and contributions (include	40 024	20 426	7 000	0 400				
	section 401(k) and 403(b) employer contributions)	40,034.	30,426.	7,206.	2,402. 6,106.				
9	Other employee benefits	101,760.	77,337.	18,317.	0,100.				
10	Payroll taxes	44,619.	33,910.	8,031.	2,678.				
11	Fees for services (non-employees):								
a	Management								
b	Legal	19,250.		19,250.					
	Accounting	19,230.		19,230.					
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,								
g	column (A) amount, list line 11g expenses on Sch 0.)	38,965.	33,900.	4,676.	389.				
12	Advertising and promotion	40 400	40 100	F 010	405				
13	Office expenses	48,486.	42,183.	5,818.	485.				
14	Information technology								
15	Royalties	105,412.	91,709.	12,649.	1,054.				
16		105,412.	91,709.	12,049.	1,054.				
17	Travel								
18	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials	5,474.	5,474.						
19 20	Conferences, conventions, and meetings	5,111	5,111						
20 21	Interest Payments to affiliates								
22	Depreciation, depletion, and amortization	32,144.	27,965.	3,857.	322.				
23	Insurance	18,967.	16,501.	2,276.	190.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line								
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	MAINTENANCE AND SUPPLIE	41,749.	36,322.	5,010.	417.				
b	FUNDRAISING EXPENSES	14,079.		0,0101	14,079.				
c b	TRANSPORTATION	10,148.	8,829.	1,218.	101.				
d	OTHER PERSONNEL COSTS	5,015.	3,811.	903.	301.				
	All other expenses	7,702.	6,516.	890.	296.				
25	Total functional expenses. Add lines 1 through 24e	2,156,895.	1,894,821.	197,466.	64,608.				
26	Joint costs. Complete this line only if the organization	· · ·	- <i>i</i>	· ·					
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

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THE	CRISIS	MINISTRY	\mathbf{OF}	MERCER	COUNTY	
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25 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 25 26 Total liabilities. Add lines 17 through 25 0. 26 27, 821. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 2, 702, 828. 27 2, 195, 432. 27 Unrestricted net assets 2, 702, 828. 27 2, 195, 432. 28 Temporarily restricted net assets 8, 576. 28 67, 699. 29 Permanently restricted net assets 29 250, 000. 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 30 30 30 Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 32, 711, 404. 33 2, 513, 131. 34 Total liabilities and net assets/fund balances 2, 711, 404. 34 2, 540, 952.		23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0. 26 27,821. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 2,702,828. 27 2,195,432. 27 Unrestricted net assets 2,702,828. 27 2,195,432. 28 Temporarily restricted net assets 8,576. 28 67,699. 29 Permanently restricted net assets 29 250,000. 0rganizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total liabilities and net assets/fund balances 2,711,404. 33 2,513,131. 34 Total liabilities and net assets/fund balances 2,711,404. 34 2,540,952.		24	Unsecured notes and loans payable to unrelate	d third	parties		24	
Schedule D 25 26 Total liabilities. Add lines 17 through 25 0 • 26 27 , 821.• Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 2 , 702 , 828 • 27 2 , 195 , 432 • 27 Unrestricted net assets 2 , 702 , 828 • 27 2 , 195 , 432 • 28 Temporarily restricted net assets 8 , 576 • 28 67 , 699 • 29 Permanently restricted net assets 29 250 , 000 • Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Total net assets or fund balances 2 , 711 , 404 • 33 2 , 513 , 131 • 34 Total liabilities and net assets/fund balances 2 , 711 , 404 • 34 2 , 540 , 952 •		25	Other liabilities (including federal income tax, pa	ayables	to related third			
26 Total liabilities. Add lines 17 through 25 0. 26 27,821. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 2,702,828. 27 2,195,432. 27 Unrestricted net assets 2,702,828. 27 2,195,432. 28 Temporarily restricted net assets 29 250,000. 29 Permanently restricted net assets 29 250,000. 00 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 30 30 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 2,711,404. 33 2,513,131. 34 Total liabilities and net assets/fund balances 2,711,404. 34 2,540,952.			parties, and other liabilities not included on line	s 17-24). Complete Part X of			
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 2,702,828.27 2,195,432. 27 Unrestricted net assets 2,702,828.27 2,195,432. 28 Temporarily restricted net assets 8,576.28 67,699. 29 Permanently restricted net assets 29 250,000. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 30 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 2,711,404.33 2,513,131. 34 Total liabilities and net assets/fund balances 2,711,404.34 2,540,952.			Schedule D		L		25	
complete lines 27 through 29, and lines 33 and 34.27Unrestricted net assets2,702,828.272,195,432.28Temporarily restricted net assets8,576.2867,699.29Permanently restricted net assets29250,000.0rganizations that do not follow SFAS 117 (ASC 958), check here29250,000.30Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building, or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances2,711,404.3334Total liabilities and net assets/fund balances2,711,404.34		26	· · · · · · · · · · · · · · · · · · ·			0.	26	27,821.
27Unrestricted net assets2,702,828.272,195,432.28Temporarily restricted net assets8,576.2867,699.29Permanently restricted net assets29250,000.0rganizations that do not follow SFAS 117 (ASC 958), check here ▶□303030Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building, or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances2,711,404.3334Total liabilities and net assets/fund balances2,711,404.34					k here ► 🔽 and			
33 10tal net assets of fund balances 34 Total liabilities and net assets/fund balances	sec					0 800 000		0 105 430
33 10tal net assets of fund balances 34 Total liabilities and net assets/fund balances	anc	27						2,195,432.
33 10tal net assets of fund balances 34 Total liabilities and net assets/fund balances	Bal				······	8,5/6.		
33 10tal net assets of fund balances 34 Total liabilities and net assets/fund balances	pu	29					29	250,000.
33 10tal net assets of fund balances 34 Total liabilities and net assets/fund balances	л Л			SC 95	B), check here ▶∟			
33 10tal net assets of fund balances 34 Total liabilities and net assets/fund balances	s ol							
33 10tal net assets of fund balances 34 Total liabilities and net assets/fund balances	set							
33 10tal net assets of fund balances 34 Total liabilities and net assets/fund balances	As							
33 10tal net assets of fund balances 34 Total liabilities and net assets/fund balances	Net					2 711 /0/		2 512 121
	-							
		34	I OTAI IIADIIITIES AND NET ASSETS/fund balances			∠,/⊥⊥,4∪4•	34	Form 990 (2013)

Form 990 (2013)
Part X Balance Sheet

INC.

THE CI	RISIS	MINISTRY	OF	MERCER	COUNTY

	1990 (2013) INC.	22-33	198464	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				X
			1		~ -
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,890		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,150		
3	Revenue less expenses. Subtract line 2 from line 1	3	-266	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,711		
5	Net unrealized gains (losses) on investments	5	-1(),9	38.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	78	3,9	75.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,513	3,1	<u>31.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			—	DON /	0010

Form **990** (2013)

332012 10-29-13

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u> . Name of the organization THE CRISIS MINISTRY OF MERCER COUNTY Employer it							b13 to Pub ection	lic					
Nan	ne of t	the organizati	on THE CRI INC.	SIS MINISTRY	OF M	IERCER	COUN	ITY			identificat 2-3198		
Pa	rt I	Reason		ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions				
The	organ			because it is: (For lines 1									
1	Ľ		•	s, or association of chur	•		•	,).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization of			170(b)(1)	(A)(iii).					
4		A medical res	earch organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)	(iii). Enter	the hospita	ıl's nar	ne,
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	/ a govern	mental u	nit descrik	oed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	on 170(b)([.]	1)(A)(v).					
7	Χ	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from th	ne general	public des	cribed	in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	ibutions, n	nembers	hip fees, a	and gross re	eceipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	e than 33 ⁻	1/3% of i	its suppor	t from gross	s inves	tment
		income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	by the org	ganization	after June	30, 19	75.
		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectic	on 509(a)(4	4).				
11		An organizati	on organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of	, or to ca	rry out the	e purposes	of one	or
		more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509	9(a)(3). Ch	eck the bo	x that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11 h.						
		a 📖 Type I	b 🗔 Ту	ype∥ c∟Ty	ype III - Fu	nctionally	integrated	(а∟⊔ту	/pe III - No	n-functiona	lly inte	grated
е		By checking	this box, I certify tha	at the organization is not	controllec	directly o	r indirectly	y by one o	r more d	isqualified	persons ot	her tha	an
				han one or more publicly						09(a)(1) or	section 50	9(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	the IRS that	at it is a Ty	уре I, Туре	e II, or Type	e III				
		supporting or	rganization, check th	nis box									. 📖
g				organization accepted ar									
				lirectly controls, either al							/,	Yes	No
		the gove	erning body of the s	upported organization?							11g(i)		<u> </u>
		.,	•	n described in (i) above?							11g(ii)		<u> </u>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii))							
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
				1	a				()()	lo tho			
(i)		of supported anization	(ii) EIN	(described on lines 1-9	in col. (i) li	organization sted in your document?	organizat	tion in col. r support?	organiza (i) organ	Is the tion in col. ized in the .S.?	(vii) Amoun su	it of mo pport	netary
					Yes	No	Yes	No	Yes	No			

Total				
LHA For Paperwork Re	duction Act Notice	, see the Instructions fo	or	
Form 990 or 990-EZ.				

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

11251111 756348 3175

2013.05000 THE CRISIS MINISTRY OF MERC 3175___1

22-3198464 Page 2

	(Form 990 or 990-EZ) 2013 INC •	22-3198464 Pag			
Part II	Support Schedule for Organizations Described in Sections 1	0(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 t					
	fails to qualify under the tests listed below, please complete Part III.)				

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1,712,914.	2,190,128.	2,034,769.	1,792,502.	1,857,653.	9,587,966.			
2	Tax revenues levied for the organ-						,			
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
-	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1,712,914.	2,190,128.	2,034,769.	1,792,502.	1,857,653.	9,587,966.			
	The portion of total contributions	, , ,	, , ,	, , ,	, , -	, , -	, , , -			
Ŭ	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)						378,488.			
6	Public support. Subtract line 5 from line 4.						9,209,478.			
	tion B. Total Support						5,205,170.			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
	Amounts from line 4	1,712,914.	2,190,128.	2,034,769.	1,792,502.	1,857,653.	9,587,966.			
	Gross income from interest,	1,712,911.	2,150,120.	2,001,705.	1,752,562.	1,007,000.	5,507,500.			
0	,									
	dividends, payments received on									
	securities loans, rents, royalties	27,149.	35,016.	40,220.	25,683.	29 599	157,667.			
•	and income from similar sources	27,147.	55,010.	40,220.	25,005.	25,555.	137,007.			
9	Net income from unrelated business									
	activities, whether or not the									
10	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital				9,532.		9,532.			
	assets (Explain in Part IV.)				9,552.		9,755,165.			
	Total support. Add lines 7 through 10					10	243,910.			
	Gross receipts from related activities,					12	245,910.			
13	First five years. If the Form 990 is for	-			-					
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Per	centage							
				olumon (f))		14	94.41 %			
	Public support percentage for 2013 (I					15	00.00			
	Public support percentage from 2012 33 1/3% support test - 2013. If the c						,,,			
108		•								
L	stop here. The organization qualifies		-			or more obsolv th	·····			
ŭ	b 33 1/3% support test - 2012. 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									
17-	and stop here. The organization qualifies as a publicly supported organization									
17a	a 10% -facts-and-circumstances test - 2013. 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 IV how the organization									
	-			-	-	-				
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test									
	more, and if the organization meets the									
40	organization meets the "facts-and-circ									
18	Private foundation. If the organizatio	n ald not check a b	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	ind see instruction	<u>s</u>			

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

11251111 756348 3175

Schedule A (Form 990 or 990-EZ) 2013 INC.

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

22-3198464 Page 3

(Complete only if you checked the box on line 9 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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
i	include any "unusual grants.")				L	<u> </u>	
	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
(organization's tax-exempt purpose						
3	Gross receipts from activities that						
;	are not an unrelated trade or bus-						
i	iness under section 513						
4	Tax revenues levied for the organ-						
i	ization's benefit and either paid to						
1	or expended on its behalf						
5 [·]	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			1			1
	3 received from disgualified persons						
	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						
	Add lines 7a and 7b						-
	Public support (Subtract line 7c from line 6.) tion B. Total Support						
		()	(1) 00 (0	() 00//	(1) 00 (0)	() 00/0	(0
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on						
:	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
i	acquired after June 30, 1975						
C,	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
	Other income. Do not include gain						
(or loss from the sale of capital						
	assets (Explain in Part IV.)			+		+	+
	Total support. (Add lines 9, 10c, 11, and 12.)		 	 	1		
	First five years. If the Form 990 is for	-			•		, I
	check this box and stop here						> l
	tion C. Computation of Publi					1 1	
	Public support percentage for 2013 (li					15	
	Public support percentage from 2012					16	
	tion D. Computation of Inves						
	Investment income percentage for 20						
17	Investment income percentage from 2						
17 18							e 17 is not
17 18	33 1/3% support tests - 2013. If the	organization did r	tot check the box	on mon i, and m			
17 18 19a 3						zation	. Г
17 18 19a (33 1/3% support tests - 2013. If the more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organi		Þ[
17 18 19a (b (33 1/3% support tests - 2013. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2012. If the	nd stop here. The organization did r	e organization qua not check a box o	lifies as a publicly n line 14 or line 19	supported organi a, and line 16 is m	ore than 33 1/3%	▶[6, and
17 18 19a ; b ;	33 1/3% support tests - 2013. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, check that is not more than 33 1/3%, check that is not more than 33 1/3%.	nd stop here. The organization did r ck this box and s	e organization qua not check a box or top here. The org	lifies as a publicly n line 14 or line 19 anization qualifies	supported organi a, and line 16 is m as a publicly sup	nore than 33 1/3% ported organizatio	
17 18 19a b 20	33 1/3% support tests - 2013. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2012. If the	nd stop here. The organization did r ck this box and s	e organization qua not check a box or top here. The org	lifies as a publicly n line 14 or line 19 anization qualifies	supported organi a, and line 16 is m as a publicly sup his box and see ir	nore than 33 1/3% ported organizatio	, and on ▶[

Schedule A	(Form 990 or 990-E	Z)2013 INC.					22-31984	464 _{Pa}
Part IV	Supplemental	Information. Pro	ovide the explanations i	required b	y Part II, line	10; Part II, line 17	a or 17b; and Part III	l, line 12.
	Also complete this	part for any addition	nal information. (See ins	structions)				
32024 09-25- ⁻	13					Sche	dule A (Form 990 or	990-EZ
				_16				
51111	756348 31	75	2013.05000	16 THE	CRISIS	MINISTRY	OF MERC 3	175

SCHEDULE D	Supplement	tal Financial Statements	OMB No. 1545-0047
Form 990)	Complete if the or	ganization answered "Yes," to Form 990,	2013
Department of the Treasury	Part IV, line 6, 7, 8, 9, 1	lÕ, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.	Open to Public
nternal Revenue Service	► Information about Schedule D (F	orm 990) and its instructions is at www.irs.co	
Name of the organiza	ition THE CRISIS MINIST	RY OF MERCER COUNTY	Employer identification numb
	•	ed Funds or Other Similar Funds of	r Accounts. Complete if the
organizati	ion answered "Yes" to Form 990, Part IV, li	ine 6. (a) Donor advised funds	(b) Funds and other accounts
d Tatal www.bay.at.			
	end of year ibutions to (during year)		
	s from (during year) at end of year		
		n writing that the assets held in donor advised	funds
-		's exclusive legal control?	
		advisors in writing that grant funds can be use	
-		r or donor advisor, or for any other purpose cor	•
-			
		organization answered "Yes" to Form 990, Part	
1 Purpose(s) of co	nservation easements held by the organiza	ation (check all th <u>at a</u> pply).	
Preservation	on of land for public use (e.g., recreation or	r education)	ically important land area
Protection	of natural habitat	Preservation of a certified	d historic structure
Preservation	on of open space		
2 Complete lines 2	a through 2d if the organization held a qua	alified conservation contribution in the form of a	a conservation easement on the last
day of the tax ye	ar.		
			Held at the End of the Tax Y
		structure included in (a)	
		d after 8/17/06, and not on a historic structure	
		released, extinguished, or terminated by the or	
year	stration easements modified, transferred, i	released, extinguished, or terminated by the or	ganization during the tax
	s where property subject to conservation e	easement is located	
		periodic monitoring, inspection, handling of	
	nforcement of the conservation easements		Yes 🗌
		g, and enforcing conservation easements durir	
		d enforcing conservation easements during the	
8 Does each conse	ervation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)((4)(B)(i)
and section 170((h)(4)(B)(ii)?		Yes 🛛 I
		ation easements in its revenue and expense sta	
include, if applica	able, the text of the footnote to the organiz	zation's financial statements that describes the	organization's accounting for
conservation eas			
	-	of Art, Historical Treasures, or Othe	er Similar Assets.
	e if the organization answered "Yes" to For		
-		ASC 958), not to report in its revenue statemen	
		exhibition, education, or research in furtherance	e of public service, provide, in Part X
	otnote to its financial statements that desc		d belence aboat works of ort bistor
		ASC 958), to report in its revenue statement an education, or research in furtherance of public	
relating to these		education, or research in furtherance of public	service, provide the following arrot
-			*
.,		reasures, or other similar assets for financial ga	
	ounts required to be reported under SFAS		, · · · · ·
			▶ \$
HA For Paperwork I	Reduction Act Notice, see the Instructio	ns for Form 990.	Schedule D (Form 990) 20
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51111 75634	9 3175 2012	22 05000 THE CRISIS MINIST	טע הי אד ס <i>ה</i> 2175
JIII / 3034		LOTATA TUE CYTOTO WINTOL	RY OF MERC 3175

Schedule Drigm 1900 2013 INC . 22.3.19.8.6.6.4 mget 1 Value of the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetts control work of the following that are a significant use of its collection items (check at that stophy): a b 2 Using the organizations Maintaining Collections of Art, Historical Treasures, or Other Wine Assetts control the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that stophy): a check at that stophy: 3 Using assettion of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. So uright by explain the assettion is collection? Yes Ne 4 Provide a description of the organization's collection receive donations of an historical treasures, or other winair assets to be sold to raise funds rather than to be maintained as part of the organization answered Yes' to Form 990, Part XII. Ne Ne 9 Provide a description of the organization answered Tres' to Form 990, Part IV. Ine 9, or reported an amount on Form 900, Part X, Ine 217 Yes Ne Ne 1 1 Step organization include an arroword or Form 900, Part X, Ine 217 Yes Ne Ne 2 Death the organization include an arroword or Form 900, Part X, Ine 217 Yes Ne Ne 2 </th <th></th> <th>THE CRI</th> <th>ISIS MINIST</th> <th>RY OF MERC</th> <th>ER COUN</th> <th>ITY</th> <th></th> <th></th> <th></th> <th></th> <th></th>		THE CRI	ISIS MINIST	RY OF MERC	ER COUN	ITY					
Solution the organization is acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at fit at apply):	Sche										
clinetic at links apply: d Loan or exchange programs a Pable software c b Scholarly research e Other clining the year, did the organization solucions and explain how they further the organization's exempt purpose in Part XII. Yes No clining the year, did the organization solucions and explain how they further the organization's exempt purpose in Part XII. Yes No Part IV Escrow and CutsOcial Arrangements. Complete if the organization answered Yes' to Form 990, Part IV. Ine 9, or resported an amount on Form 990, Part X, Ine 21. Is in the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, Ine 21. Is in the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, Ine 21. Yes No b If 'res,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, Ine 21. Yes No Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, Ine 10. No Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, Ine 10. No 1a	Par	rt III Organizations Maintaining	Collections of A	rt, Historical Tr	easures, o	r Othe	er Similar	Asse	ts (contir	nued)	
a Public exhibition d □ Can or exchange programs b Goldan research e □ Other	3		sion, and other record	ls, check any of the	following that	are a si	gnificant use	e of its	collectio	n iten	ns
b Scholarly research e Other											
c Preservation for future generations 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's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part XI, line 9, or 1 Is the organization on a form 990, Part X, line 21. 1 Is the organization answered and the organization's collection? 1 Is the organization on a form 990, Part X, line 21. 1 Is the organization answered and the organization's collection? 1 Is the organization answered and the organization's collection? 2 Point V Endowment In Part XIII and complete the following table: 4 Additions during the year 14 4 Endowment In Part XIII. Pers No 5 If Yes, "explain the annappent In Part XIII. Pers No 6 If Yes, "explain the annappent In Part XIII. Pers No 7 If Organization answered 'Yes' to Form 980, Part IV, line 10. Ine 10. 1 Beginning of year balance 26.9.63.1 27.7.635.2 250.000.1 6 Other ex	а		d								
4 Provide a description of the organization's collectors and explain how they further the organization's events purposes in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise tunds rather than to be maintained as part of the organization answered "Yes" to 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, line 21. Yes No b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1e	b		e	U Other							
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or Form 990, Part X?				1			la e la cel e el				
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance b Distributions during the year f Ending balance f Ending ba	та								7.		٦
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(ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 143,577. 28,039. 115,538. c Leasehold improvements 192,546. 102,545. 90,001. e Other 0 0 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 205,539.		-							3a(i)		<u> </u>
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation (d) Book value basis (other) (c) Accumulated depreciation (c) Book value basis (other) (c) Accumulated depreciation (c) Book value basis (other) (c) Accumulated depreciation (c) Book value basis (other) (c) Accumulated depreciation (c) Book value basis (c) Accumulated depreciation (c) Book value Count (c) Book value Accumulated (c) Book value Count (c) Book value Accumulated (c) Book value Count (c) Book value Accumulated (c) Accumulated (c) Book value Count (c)											x
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" to 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 1a Land	b										1
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to 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 1a Land											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		Complete if the organization answer	ed "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, I	ine 10.				
basis (investment) basis (other) depreciation 1a Land									(d) Boo	k valu	ie
b Buildings 143,577.28,039.115,538. c Leasehold improvements 143,577.28,039.115,538. d Equipment 192,546.102,545.90,001. e Other 1 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)											
b Buildings 143,577.28,039.115,538. c Leasehold improvements 143,577.28,039.115,538. d Equipment 192,546.102,545.90,001. e Other 1 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	1a	Land									
c Leasehold improvements 143,577. 28,039. 115,538. d Equipment 192,546. 102,545. 90,001. e Other 102,545. 205,539. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 205,539.											
d Equipment 192,546. 102,545. 90,001. e Other Image: Column (d) must equal Form 990, Part X, column (B), line 10(c). ≥ 205,539.				14	3,577.		28,039).	11	5,5	38.
e Other						1	.02,545	5.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	е										
				X, column (B), line 1	10(c).)			•	20	5,5	39.
							Sc	hedule	D (Forn	1 990) 2013

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Schedule D (Form 990) 2013 INC .			22-3198464 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11b. See Form 990, P	art X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST IN			
(B) ASSETS HELD BY A			
(C) FOUNDATION	283,265	• End-oi-Ye	ear Market Value
(D)			
(E)			
(F)		_	
(G)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	283,265	•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		art X, line 13. luation: Cost or end-of-year market value
			indation. Oust of end-or-year market value
(1)(2)			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11d. See Form 990, P	art X, line 15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		····· •
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.) ►		
 Liability for uncertain tax positions. In Part XIII, provide 		to the organization's fir	pancial statements that reports the
organization's liability for uncertain tax positions. In Part XIII, provide			
e.ga.nzation o hability for anoortain tax positions and			Schedule D (Form 990) 201

332053 09-25-13

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THE	CRISIS	MINISTRY	OF	MERCER	COUNTY

	THE CRISIS MINISTRY OF ME	RCER CO	DONTY		
	edule D (Form 990) 2013 INC •				3198464 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	n Revenue per F	Returr	า.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,879,647.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	-10,938.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-10,938.
3	Subtract line 2e from line 1			3	1,890,585.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,890,585.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	2,156,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,156,895.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,156,895.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

Explanation: The Crisis Ministry of Mercer County, Inc. endowment fund was
created by the board of trustees to help secure the Organization's future
by establishing a base of financial security and providing a flow of
investment income to complement annual fundraising.

Part X, Line 2:

Explanation: The Organization is subject to routine audits by taxing

jurisdictions. There are currently no such audits for any tax periods in

The Organization believes it is no longer subject to income tax progress.

examination for years prior to 2010.

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The Org	anizat	ion's po	licy	is to	classi	fy i	ncom	le t	ax re	elate	ed i	ntere	est and	1
<u>penalti</u>	es in	interest	expe	nse ar	nd misc	ella	neou	s o	perat	ing	cos	sts,		
respect	ively.													
Part XI	, Line	2d - Ot	her A	djustr	ments:									
Special	event	expense	es, ne	tted a	against	inc	ome	on	page	one	of	form	990	
Part XI	I, Lin	e 2d - C	ther a	Adjust	ments:									
Special	event	expense	es, ne	tted a	against	inc	ome	on	page	one	of	form	990	
332055											S	Schedule I	D (Form 990) 2013
09-25-13	756740	24 6 5		0.04.5	0 - 0 0 0	26	a=			a m =	<u> </u>		04 F F	_
251111 7	/56348	3175		2013	.05000	THE	CRIS	SIS	MINI	STRY	OF	MERC	3175_	1

 Schedule D (Form 990) 2013
 INC .

 Part XIII
 Supplemental Information (continued)

INC.

22-3198464 Page 5

11

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	omplete if the o Information al	ntal Information Regarding e organization answered "Yes" to F rganization entered more than \$19 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ) SIS MINISTRY OF ME	Form § 5,000 or Fo and its	990, P on Fo rm 99 sinstru	art IV, lines 17, 18, 6 rm 990-EZ, line 6a. 0-EZ. Ictions is at <u>www.irs.c</u>	or 19	, or if the	Open To Inspectio	13 Public
Part I Fundraising	Activities.	Complete if the organization answe	red "Y	′es" to	Form 990, Part IV, I	ine 1	7. Form 990	-EZ filers are	e not
 a Mail solicitations b Internet and email c Phone solicitation d In-person solicita 2 a Did the organization hat key employees listed in 	ganization rais ail solicitations ns ave a written o n Form 990, Pa hest paid indi	ed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purse	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru iundraising services?	stees		Yes	- No
.,	(i) Name and address of individual or entity (fundraiser)		or con	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount pai or retained k fundraiser ted in col. (i	by) to (or re	nount paid etained by) anization
			Yes	No					
Total		n is registered or licensed to solicit o	optrik		or has been notified	d it is	oxompt fro		
or licensing.	le organizatio		John		s of thas been notified		exemptino		
LHA For Paperwork Reduc	tion Act Noti	ice, see the Instructions for Form S	990 or	990-	EZ. S	Sched	lule G (For	n 990 or 99	90-EZ) 2013
332081 09-12-13									

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Schedule G (Form 990 or 990-EZ) 2013 INC. 22-3198464 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990. Part IV. line 18. or reported more than \$15,000

22-3198464 Page 2

			(a) Event #1	(b) Event #2	(c) Other events	pts greater than \$5,000.
					None	(d) Total events (add col. (a) through
			Fall Benefit			col. (c)
е			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	39,091.			39,091.
	2	Less: Contributions	27,076.			27,076.
\downarrow	3	Gross income (line 1 minus line 2)	12,015.			12,015.
	4	Cash prizes				
	5 Noncash prizes					
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	5,714.			5,714.
_	8	Entertainment	5,121.			5,121.
	9	Other direct expenses				5,121. 1,180.
	10	Direct expense summary. Add lines 4 through	· · · · ·		•	12,015.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	0.
Par	tl	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
	~					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	└── Yes%	
	6	Volunteer labor	No	□ No	Νο	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	~	Not service in the service of the set line 7			•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· •	
9	Fnt	ter the state(s) in which the organization opera	ites gaming activities.			
		he organization licensed to operate gaming a		states?		Yes No
		No," explain:				
-		ere any of the organization's gaming licenses re		-	year?	L Yes L No
		Yes," explain:				
b -		9-12-13			Schedule G (Fo	rm 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 INC. 22	-319	984	64	Page 3
11	Does the organization operate gaming activities with nonmembers?		Ye		No No
	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?		_ Ye	s	🗌 No
13	Indicate the percentage of gaming activity operated in:				
	The organization's facility	10	Ba		%
	An outside facility		3b		%
	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?		Ye	s	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount				
	of gaming revenue retained by the third party \blacktriangleright \$				
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				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_		
	retain the state gaming license?	L	_ Ye	S	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э			
_	organization's own exempt activities during the tax year > \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		9, 9b	o, 10I	o, 1 5b,
		<u>.</u>			
3320	83 09-12-13 Schedule G (Fo	orm 99	0 or 9	990-	EZ) 2013

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SCHEDULE I (Form 990)		Go	rants and Oth vernments, an ete if the organizatio	nd Individua	ls in the Ŭn i " to Form 990, Pa	ited States		OMB No. 1545-0047 2013 Open to Public
Internal Revenue Service		Informati	on about Schedule I	(Form 990) and its		it www.irs.gov/form99	0	Inspection
Name of the organization	THE CRISI	S MINISTR	Y OF MERCER	COUNTY		0		Employer identification number $22 - 3198464$
Part I General Infor	mation on Grants a	and Assistance						
-			amount of the grants					
criteria used to awa	rd the grants or assi	stance?						X Yes No
			oring the use of grant					
			Organizations in the			anization answered "\	es" to Form 990, Parl	t IV, line 21, for any
			be duplicated if addit			(f) Method of		(h) Dumpers of sweet
1 (a) Name and addre or goverr		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of	of section 501(c)(3) a	and government or	ganizations listed in th	he line 1 table				<u>└</u>
3 Enter total number of				·····				
LHA For Paperwork Re	duction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Page **2**

Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line Part III can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation			

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					non-perishable foods as well as fresh produce and other
FOOD	9151	0.	535,757.	fair market value	grocery items
RENT	335	0.	259,186.	fair market value	housing assistance
MORTGAGE	4	0.	5,030.	fair market value	housing assistance
SECURITY DEPOSITS	119	0.	94,912.	fair market value	housing assistance
	137	0.	18 619	fair market value	utilities assistance

Part I, Line 2:

Explanation: The organization monitors the use of the assistance provided

to individuals by providing only non-cash assistance. Assistance is

provided directly to the landlord, utility company or directly to the

client in the form of food. This non-cash assistance policy helps ensure

that the assistance provided by the organization is used for the purpose

for which it was intended.

332102 10-29-13

Schedule I (Form 990) THE CRISIS MINI	STRY OF	MERCER COU	INTY		22-3198464 Page 2
Part III Continuation of Grants and Other Assistance to Individ	luals in the Unit	ed States (Schedul	e I (Form 990), Part I	II.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance		(f) Description of non-cash assistance
MISCELLANEOUS OTHER	85.	0.	34,486.	fair market value	miscellaneous other assistance
HOUSING STABILITY AND CASE MANAGEMENT	17.	48,600.	0.	Fair market value	housing assistance

Schedule I (Form 990)

	CHEDULE M Noncash Contributions							OMB No. 1545-0047	
	Prnal Revenue Service Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990								ic
Nam	ame of the organization THE CRISIS MINISTRY OF MERCER COUNTY INC.								
Pa	rt I Types of	Property					2-3198	404	
			(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash coi	of determin	•	S
1									
2	Art - Historical trea	asures							
3		erests							
4		ations							
5		ehold goods							
6		hicles							
7									
8		ty	L	-	10 100				
9		ly traded	X	3	43,498.	FAIR MARI	KET VA	LUE	
10	Securities - Closely	y held stock							
11	Securities - Partne	ership, LLC, or							
12		laneous							
13	Qualified conserva								
		s							
14		ation contribution - Other							
15		dential							
16		mercial							
17		r							
18				1.65	420 040				
19			X	165	439,042.	FAIR MARI	KET VA	LUE	
20		Il supplies							
21									
22									
23		ens							
24	Archeological artif	acts							
25	Other ()	L						
26	Other ()	L						
27	Other ()							
28	Other ()	<u> </u>	<u> </u>					
29		8283 received by the organ		• •					
	tor which the orgai	nization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			V	
	During the survey							Yes	No
30a					ported in Part I, lines 1 - 28, 1		or		
	•				required to be used for exen				x
							<u>30a</u>		
		the arrangement in Part II.	noliou that	oguiroo the review	of any non atomicant south	utional	0.1	х	
31					of any non-standard contrib		31	•	
32a		-		-	cit, process, or sell noncash				x
		in David II					<u>32a</u>		
	If "Yes," describe i			6		a al card			
33			i coiumn (c) i	ior a type of prope	rty for which column (a) is ch	iecked,			
I HA	describe in Part II.	Reduction Act Notice, see	the Instruc	tions for Form 99	0	Schodu	le M (Form	000) (2012)

tice, see Paperv

Schedule M (For 90) (201

332141 09-03-13

22-3198464 Dage 2

Schedule M (Form 990) (2013) INC.	22-3198464 Pag
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information.	33, and whether the organization of both. Also complete
Schedule M, Part I, Column (b):	
Explanation: Each contribution of publically traded secu	urities, rather
than each share received, was treated as an item for pur	rposes of
completing Part I column B.	
The number of food contributions or items contributed re	eported in Part
I column B was determined using the number of contributi	ions, rather
than the number of items contributed.	
	0.1.1.1.1.1.7
332142 09-03-13	Schedule M (Form 990) (2
34 2013.05000 THE CRISIS MINIST	RY OF MERC 3175

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	OMB No. 1545-0047					
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs. gov/h	form000	Open to Public Inspection				
Name of the organization	identification number 198464						
Form 990, Part III, Line 1, Description of Organization Mission:							
Explanation:	The corporation shall be operated for the pu	rpose	of				
reaching out	with short term assistance to people with em	ergenc	y or				
unmet needs	while long range solutions to their problems	are so	ught.				
The corporat	ion may undertake additional outreach project	s whic	h the				
Board of Tru	stees deems appropriate.						
Form 990, Pa	rt VI, Section B, line 11:						
Explanation:	The draft 990 is received by the Executive D	irecto	r in				
<u>electronic f</u>	orm from the auditors. The Executive Direct	or for	wards it to				

the Treasurer by electronic copy for review. Once the Treasurer has

accepted the 990 draft, it is forwarded to the Board by electronic copy for approval.

Form 990, Part VI, Section B, Line 12c:

Explanation: The Crisis Ministry monitors compliance with the conflict of interest policy by requiring board members and staff to annually sign a conflict of interest document. This document requires the disclosure of any other organization they are a board member of or an employee of. Board members and employees must also disclose any arrangements that could result in personal benefit.

Form 990, Part VI, Section B, Line 15a: Explanation: In order to determine the 2011 compensation of its new interim executive director, the Board of the The Crisis Ministry used benchmarking LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 35 2013.05000 THE CRISIS MINISTRY OF MERC 3175___1

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization THE CRISIS MINISTRY OF MERCER COUNTY	Employer identification number 22-3198464
	22-3190404
data obtained in 2009 from an external HR consultant who	polled comparable
agencies to find the range of salaries and qualifications	. In October 2011,
the executive director received an increase based on her	experience as
interim. These deliberations and decisions were document	ed in the board
meeting minutes. In 2012, the following agreement was ma	de between the
Executive Director and the Board: Carolyn declined her t	raditional
benefits package valued at 31% of salary. In doing so, s	he was no longer
eligible to receive the package's pension of 11% of salar	y. In lieu of the
pension, the equivalent dollar value of the pension was a	dded to her
compensation and is routed directly to a 403b plan by the	Payroll
Administrator.	
Form 990, Part VI, Section C, Line 19:	
Explanation: The organization's governing documents, conf	lict of interest
policy, and financial statements are made available to th	e public upon

request.

Form 990, Part XI, line 9, Changes in Net Assets: Section 481a adjustment - Change in Accounting Method 78,975.

Form 990, Part XII, Line 1, Change in Accounting Method

Explanation: The Organization changed its accounting method from cash

to accrual at January 1, 2013.

Form 990, Part XI, line 2c

Explanation: The organization has not changed the process for

overseeing the audit of its financial statements or selecting an

independent accountant. 332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

11251111 756348 3175

Name of the organization I'THE CRISI	IS MINISTRY OF MERCER COUNTY	Employer identification num 22-3198464
INC.		22-3198464
32212 9-04-13		Schedule O (Form 990 or 990-EZ) (2
51111 756348 3175	37 2013.05000 THE CRISIS MI	

Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, c Part II Additional (Not Automatic) 3-Mon		· · · · ·	al (no cr	nies ne	eded)
		· · ·	•		r, see instructions
Type orName of exempt organization or other filer, seeprintTHE CRISIS MINISTRY OF M			Employer identification number (E		
File by the INC •	e INC.				
due date for filing your return. See 123 EAST HANOVER STREET	box, see instruc	tions.	Social se	curity nun	nber (SSN)
instructions. City, town or post office, state, and ZIP code. I TRENTON , NJ 08608	For a foreign add	Iress, see instructions.			
Enter the Return code for the return that this application is	for (file a separa	te application for each return)			01
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already g		natic 3-month extension on a prev CRISIS MINISTRY	iously file	d Form 8	868.
 The books are in the care of ▶ 123 EAST HAT Telephone No. ▶ 609-396-9355 If the organization does not have an office or place of but one of the organization does not have an office or place of but one of the group, check this box ▶ . If it is for part of the group, check this box ▶ . If it is for part of the group, check this box ▶ . If it is for part of the group, check this box ▶ . If it is for part of the group, check this box ▶ . If it is for part of the group, check this box ▶ . If it is for part of the group, check this box ▶ . If it is for part of the group, check this box ▶ . If it is for part of the group, check this box ▶ . If it is for part of the group, check this box ▶ . If it is for part of the group, check this box ▶ If it is for part of the group, check this box ▶	usiness in the Ur r digit Group Exe and atta iii <u>Novem</u> ng nths, check reas IN ORDER FORMATIO	Fax No. ▶ nited States, check this box emption Number (GEN) ich a list with the names and EINs of ber 15, 2014.	this is fo all memb	r the whole ers the ex eturn	e group, check this tension is for. ECESSARY
nonrefundable credits. See instructions.		, ,	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, c	or 6069, enter an	y refundable credits and estimated			
tax payments made. Include any prior year overpayn	nent allowed as a	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
C Balance due. Subtract line 8b from line 8a. Include y	our payment wit	h this form, if required, by using			-
EFTPS (Electronic Federal Tax Payment System). Se			8c	\$	0.
Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepar	, including accomp		•	-	edge and belief,
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Form 8868 (Rev. 1-2014)

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