efile Public Visual Render ObjectId: 202411289349301851 - Submission: 2024-05-07 TIN: 47-0930787 OMB No. 1545-0047

Form **990**

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.

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

	Revenue Service					
A F	or the 2023 c	l alendar year, or tax year beginning 01-01-2023 , and ending 12-3	1-2023			
	ck if applicable:	C Name of organization		D Employe	er identif	fication number
	dress change	Streams of Mercy Inc		47-0930	1787	
	me change	Doing business as		_	,, ,,	
_	tial return al return/terminated	Doing business as				
_	nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone	e number	•
	plication pending	PO Box 2078		(203) 44	14-5300)
		City or town, state or province, country, and ZIP or foreign postal code				
		Wylie, TX 75098		G Gross red	ceipts \$ 3	07,093
		F Name and address of principal officer:	H(a) Is the	nis a group ret	urn for	
		Wilson Nease PO Box 2078	sub	ordinates?		☐Yes <a>✓ No
		Wylie, TX 75098	H(b) Are inclu	all subordinate	es	☐ Yes ☐No
I Ta	x-exempt status:	✓ 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527	_	No," attach a li	st. See	instructions.
J W	ebsite: stre	eamsofmercy.org	H(c) Gro	up exemption	number	
K For	n of organization:	Corporation Trust Association Other	L Year of for	mation: 2003	M State	of legal domicile: TX
		·				
Pa	·	mary				
		scribe the organization's mission or most significant activities: f Mercy Inc. is a charitable organization committed to upholding the value	of humanity	hy providing r	elief eff	orts community
e		ent and care for children in impoverished and underdeveloped areas of the		by providing r	cher en	ores, commune,
ĕ	-					
E						
Activities & Governance	2 Check thi	s box	_	_		
×	3 Number of	of voting members of the governing body (Part VI, line 1a)			3	3
Se	4 Number	of independent voting members of the governing body (Part VI, line 1b) $$.		•	4	3
Ě	5 Total num	nber of individuals employed in calendar year 2023 (Part V, line 2a)	•	5	0	
ct	6 Total num	nber of volunteers (estimate if necessary)			6	0
٩	7a Total unre	elated business revenue from Part VIII, column (C), line 12		•	7a	0
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0
			Р	rior Year		Current Year
g)	8 Contribut	ions and grants (Part VIII, line 1h)		354,6	77	307,093
Revenue	9 Program	service revenue (Part VIII, line 2g)				0
ě	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)				0
ш	11 Other rev	the meetine (rank vini, column (71), inless s, 1) and 74)				_
	13 Total rove	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12 local reve			354,6		307,093
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		354,6		
	13 Grants ar	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		354,6		307,093
×	13 Grants ar 14 Benefits	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3)		354,6		307,093
uses	13 Grants ar14 Benefits 15 Salaries,	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4)		354,6		307,093 0 0
ses ue d	13 Grants ar14 Benefits p15 Salaries,16a Profession	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) boaid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10)		354,6		307,093 0 0
Exp enses	13 Grants ar14 Benefits 15 Salaries,16a Professionb Total fundre	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3)		354,6 346,8	77	307,093 0 0
Exp enses	 13 Grants ar 14 Benefits 15 Salaries, 16a Professio b Total fundr 17 Other exp 	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) apaid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) and fundraising fees (Part IX, column (A), line 11e) asising expenses (Part IX, column (D), line 25) 17,284			77	307,093 0 0 0 0
	 13 Grants ar 14 Benefits 15 Salaries, 16a Profession b Total fundres 17 Other ex 18 Total exp 	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) venid to or for members (Part IX, column (A), line 4) venid to or for members (Part IX, column (A), line 4) venid to or for members (Part IX, column (A), line 4) venid fundraising fees (Part IX, column (A), line 11e) venid sing expenses (Part IX, column (D), line 25) 17,284 venses (Part IX, column (A), lines 11a–11d, 11f–24e)		346,8	44	307,093 0 0 0 0 358,358
	 13 Grants ar 14 Benefits 15 Salaries, 16a Profession b Total fundres 17 Other ex 18 Total exp 	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) anal fundraising fees (Part IX, column (A), line 11e) asising expenses (Part IX, column (D), line 25) 17,284 benses (Part IX, column (A), lines 11a–11d, 11f–24e) enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Beginnin	346,8 346,8	44 44 43 33	307,093 0 0 0 0 358,358 358,358
	13 Grants ar 14 Benefits 15 Salaries, 16a Professio b Total fundr 17 Other ex 18 Total exp 19 Revenue	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3)	Beginnin	346,8 346,8 7,8 g of Current Ye	44 44 33	307,093 0 0 0 358,358 358,358 -51,265 End of Year
Net Assets or Expenses Fund Balances	13 Grants ar 14 Benefits 15 Salaries, 16a Professio b Total fundr 17 Other ex 18 Total exp 19 Revenue	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) anal fundraising fees (Part IX, column (A), line 11e) asising expenses (Part IX, column (D), line 25) 17,284 benses (Part IX, column (A), lines 11a–11d, 11f–24e) enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Beginnin	346,8 346,8 7,8	44 44 33 aar	307,093 0 0 0 0 358,358 358,358 -51,265

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

Cian	<u></u>					2024-03-06							
Sign Here		Signature of officer Date Wilson Nease Executive Director											
		pe or print name and	title										
Paid	1	Print/Type prepa	arer's name	Preparer's signature	Date 2024-05-07	Check if self-employed	PTIN P00433510						
Pre	parer	Firm's name	Wendy Dugall CPA - ProNe	t Services Inc	•	Firm's EIN 75-	2638297						
Use	Only	Firm's address 5	010 Timber Circle Dr			Phone no. (972	2) 762-5015						
		I	1cKinney, TX 75072										
			vith the preparer shown Notice, see the sepa	above? See Instructions.		1- 112027	. Yes No Form 990 (2023)						
101 F	apei wo	k Reduction Act	Notice, see the sepa	rate mistractions.	Cat. I	No. 11282Y	Form 990 (2023)						
				Page 2									
Form	990 (202	23)					Page 2						
Par			rogram Service Ac	-			0						
1		Check if Schedule C escribe the organiz		or note to any line in this Part III .			<u> U</u>						
Strea	ms of Me	rcy Inc. is a charita		nitted to upholding the value of hued areas of the world.	ımanity by prov	iding relief effo	orts, community development						
2	Did the	organization under	take any significant pro	ogram services during the year wh	nich were not lis	ted on							
	•		-EZ? w services on Schedule				🗌 Yes 🗹 No						
3				ignificant changes in how it condu	ıcts, any progra	m							
			anges on Schedule O.										
4	Describe	the organization's	s program service acco	mplishments for each of its three e required to report the amount o									
	and reve	enue, if any, for eac	ch program service rep	orted.									
4a	(Code:) (Expenses \$	316,305 including grants of \$ tted to upholding the value of humanity) (Revenue \$	307,093)						
	children i projects i for the ch support c individua	n impovershed and un n 13 different nations illdren in those orphar f 3 medical clinics. In orphanages to assist	nderdeveloped areas of the in the past fiscal year. Thr nages. In addition to the or addition to the financial as in the care of the children	world. Streams of Mercy served appropriate world streams of Mercy served appropriate for the world wor	ximately 2,000 orp of Mercy provided d several thousand challenged volunte	phans and childre food, housing clo d people with foo ers and voluntee	en at risk in 32 orphanages or othing, education and medical care ad, shelter, water, and through the r teams who have gone to						
4b	(Code:	<u> </u>) (Expenses \$	including grants of \$) (Revenue \$)						
4c	(Code:	;) (Expenses \$	including grants of \$) (Revenue \$)						
		•											

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 316,305

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Form 990 (2023) Page **3**

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Par	tiv Checklist of Required Schedules	1	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	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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 "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E			N.
14=	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			No
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		No
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		No
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 "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b	
21	No

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Par	990 (2023) t IV Checklist of Required Schedules (continued)			Page (
Fal	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		No
Par				

		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin (gambling) winnings to prize winners?	g 1c		
		Form 99	0 (2023)

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Form	990 (2023)		Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		•
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in		I

0/31/2	4, 2:19 PM Streams Of Mercy Inc - Full Filing- Nonprofit Explorer - ProPublica			
	which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	Tricely complete rollin 60051	F	orm 99	0 (2023)
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Form	990 (2023)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" resp	onse to	
	lines 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			✓
Se	ction A. Governing Body and Management	• •		
	Store in the store		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			NI.
		9	- \	No
<u> 5e</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e code	e.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	- 55	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			<u> </u>
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
b	form?	11a		No
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on	12c	103	No.
13	Schedule O how this was done	12c	Yes	No
14	Did the organization have a written whisteblower policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent		103	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_		
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1		

10/31/2	24, 2:19 PM	Stre	ams Of	f Mercy Inc - Ful	ll Fili	ing-	Nonpr	ofit l	Explorer - ProPublica		
16a	Did the organization invest in, contribute taxable entity during the year?	assets to, or pa	rticipa • •	ate in a joint ve	entur •	re oi	r simil •	ar a •	rrangement with a	16a	No
b	If "Yes," did the organization follow a wrin joint venture arrangements under app status with respect to such arrangement	licable federal ta	ax law,	, and take step	s to		eguaro				
Se	ction C. Disclosure										
17	List the states with which a copy of this	Form 990 is requ	uired to	o be filed	СТ						
18	Section 6104 requires an organization to 501(c)(3)s only) available for public insp Own website Another's website	ection. Indicate	how y	ou made these	A, if	ilab	le. Ch	eck	all that apply.	on	
19	Describe in Schedule O whether (and if s policy, and financial statements available	so, how) the organize to the public du	anizati ıring t	on made its go he tax year.	verr	ning	docur	men	ts, conflict of interest		
20	State the name, address, and telephone Wilson Nease PO Box 2078 Wylie, TX	number of the p 75098 (972) 548			s the	org	ganiza	tion	's books and records:	_	orm 990 (2023)
										Г	omii 990 (2023)
				Page 7 —							
Form	990 (2023)										Page 7
Par	Compensation of Officers,	Directors,Tru	ustee	s, Key Emp	loye	ees	, Hig	hes	st Compensated E	mployee	
	and Independent Contract										
	Check if Schedule O contains a re										U
	ction A. Officers, Directors, Trust emplete this table for all persons required									n the organ	nization's tay
year.				•				•	-	_	mzation 5 tax
	List all of the organization's current office mpensation. Enter -0- in columns (D), (E)					ais o	r orga	anıza	ations), regardless of a	amount	
• L	ist all of the organization's current key e	mployees, if any	. See t	the instructions	s for	def	inition	of	'key employee."		
	ist the organization's five current highest received reportable compensation (box 5 o										\$100 000 from
	rganization and any related organizations.		X 0 01	101111 1099-1413	<i>3</i> C, 6	ariu,	OI DO.	^ 1	01 101111 1099-NEC) 01	more man	\$100,000 110111
	ist all of the organization's former officer portable compensation from the organizati				isate	ed e	mploy	ees	who received more th	an \$100,0	00
• L	ist all of the organization's former direct lization, more than \$10,000 of reportable	ors or trustees	that	received, in the						e of the	
See tl	he instructions for the order in which to lis	st the persons al	oove.								
<u> </u>	Check this box if neither the organization i	nor any related o	organiz	zation compens	sated	d an	y curr	ent	officer, director, or tru	stee.	
	(A) Name and title	(B) Average hours per week (list	Average Position (do not one box, unless week (list officer and a control of the following state)			Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization organizatio					
		organizations Institutional MISC/1099- MIS				-2/1099- SC/1099- NEC)	compensation from the organization and related organizations				
. ,	mes Doherty	0.00			_				0	0	0
Treasu	ırer	<u> </u>	Х		Х				0	0	0
(2) Jin	n Ehrman	0.00									
Secret	ary		Х		Х				0	0	0
(3) Wi	ilson Nease	0.00									
	tive Director		Х						0	0	0

							_		\vdash													
						+	_															
						1																
													Form 99	0 (2023)								
			Pa	ge 8	_																	
Form 990 (2023)														Page 8								
Part VII Section A. Officers,	Directors, Tr	ustees	, Key Emplo	yees	, aı	nd Hi	ghe	st C	ompe	nsated	Emp	loyees (con	tinued)									
(A) Name and title	(B) Average hours per week (list		(C) on (do not che unless person and a directo	ck mo	th a	n offic		e Repo				Reportable		Reportable compensation		ne Reportable er compensatio			(E) Reportable compensation		Estim amount o	ated of other
	any hours for related	악프	and a directo	•			Ţ	org	organization (W- 2/1099-		org	om related Janizations	from organizat	the								
	organizations below dotted	divid	Institutiona Trustee;	Officer	Key employee	ghes	Former	MIS		9-NEC)	(W-2/1099- MISC/1099-NEC		relat organiz	ted								
	line)	ctor ctor			턍	t cor	_						0.942	u c. o o								
		Individual trustee or director			99	Highest compensated employee																
		0				nsate																
		-				ď																
								L														
1b Sub-Total c Total from continuation shee d Total (add lines 1b and 1c) .	ts to Part VII, S	ection					F															
Total number of individuals (in of reportable compensation from the compensation fr	cluding but not	limited		abov	⁄е) v	who re	eceiv	ved m	nore th	nan \$100	,000	.										
													Yes	No								
3 Did the organization list any folione 1a? If "Yes," complete Sci				empl •	loye •	e, or	nigh •	est c	omper	nsated er	mploy.	ee on		No								
For any individual listed on lin organization and related organization and related organization.	e 1a, is the sum nizations greater	of reporting	ortable comper 150,000? <i>If "Y</i>	isatio 'es," d	n ai	nd oth plete	er c Sche	ompe edule	ensation	on from t such	:he											
individual			nnoncation for			• •	• .d =:	•		المالية	• طبیحا ج	4		No								
5 Did any person listed on line 1 services rendered to the organ									∠auon •	• •	uuai f	or • 5		No								

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S	ection B. Independent Contractors
•	Complete this table for your five highest componented independent contractors that were ived

			ndent contractors that rear ending with or wit			ensation
	Name and	(A) ousiness address		Desc	(B) cription of services	(C) Compensation
	riame and			5630	, 1. 50. Fiee5	23pe.ioution
2 Total number of indepe	endent contractors (i	ncluding but not limite	ed to those listed abov	ve) who received m	ore than \$100,000	of
compensation from the	e organization					
						Form 990 (2023
			- Page 9 			
orm 990 (2023)						_
	nt of Revenue					Page
		esponse or note to ar	ny line in this Part VIII			\square
			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
			lotal revenue	exempt	business	excluded from
				function revenue	revenue	tax under section: 512 - 514
Federated campaigns	1a					
ntributions, fts, Grants,	1					
h Membership dues . TherAmt	. 1b					
milar Rocuppdraising events .	. 1c					
nounts. along events 1						
Related organizations	1d					
	<u></u>					
Government grants (contr	ributions) 1e					
• All other contributions sif	to avanta I					
f All other contributions, gif and similar amounts not in above						
	<u></u>					
307,093 q Noncash contributions incl	luded in					
lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1f		• • 307,09	3			
		Business Code				
2a						
en		_				
e,						
æ ———		_				
ž .		_				
Ser						
Program Service Revenue		_	+ +			
Tog .						
f All other program s	service revenue					
9 Total. Add lines 2			1			
3 Investment income		interest, and other				
similar amounts) .			<u> </u>			
4 Income from investr			<u> </u>			
5 Royalties		1	<u> </u>			
6a Gross rents	(i) Real	(ii) Personal				
	6a	1				
b Less: rental expenses	6b					
c Rental income or	60	1				

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7 Oth	ner salaries and wages				
	nsion plan accruals and contributions (include section L(k) and 403(b) employer contributions)				
9 Oth	ner employee benefits				
10 Pay	roll taxes				
11 Fee	es for services (non-employees):				
a Ma	nagement				
b Leç	gal				
c Acc	counting	4,410	0	4,410	0
d Lot	bying				
e Pro	fessional fundraising services. See Part IV, line 17				
f Inv	estment management fees				
	ner (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule 0)				
12 Adv	vertising and promotion	7,200	0	0	7,200
	ice expenses	2,599	0	2,599	0
14 Inf	ormation technology	5,370	0	0	5,370
	valties				
16 Oct	cupancy	75	0	0	75
	vel	20,440	10,686	6,512	3,242
	rments of travel or entertainment expenses for any eral, state, or local public officials				
19 Cor	nferences, conventions, and meetings	340	340	0	0
20 Int	erest				
21 Pay	ments to affiliates				
•	preciation, depletion, and amortization	0	0	0	0
-	urance				
mis exc	ner expenses. Itemize expenses not covered above (List scellaneous expenses in line 24e. If line 24e amount seeds 10% of line 25, column (A) amount, list line 24e penses on Schedule O.)				
a 0	rphanage Expense	295,249	295,249	0	0
b H	ospitality	2,305	294	932	1,079
c S	torage facility	1,696	0	1,696	0
d R	egistration fees	50	0	50	0
e A	II other expenses	18,624	9,736	8,570	318
25 To	tal functional expenses. Add lines 1 through 24e	358,358	316,305	24,769	17,284
rep	nt costs. Complete this line only if the organization orted in column (B) joint costs from a combined academic campaign and fundraising solicitation. Check here	e			
	if following SOP 98-2 (ASC 958-720).				Form 990 (2023
		— Page 11 ———			10.111 330 (2023
_		rage II			
'own 00	0 (2023)				Page 11

FOITH 990 I	(2023)								Page 1	
Part X	Balance Sheet									
	Check if Schedule O contains a response or note to any line in this Part IX .									
			/A)				- /-	•		Ξ

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	150,137	1	121,838
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		_	

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S	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
Š	9	Prepaid expenses and deferred charges				9		
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	13,894				
	b	Less: accumulated depreciation	10b	13,894	446	10c		0
	11	Investments—publicly traded securities .				11		
	12	Investments—other securities. See Part IV, line	11 .			12		
	13	Investments—program-related. See Part IV, line	11 .			13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	150,583	16	121	,838,
	17	Accounts payable and accrued expenses		1,166	17	1	,783	
	18	Grants payable			18			
	19	Deferred revenue			19	22	2,500	
	20	Tax-exempt bond liabilities				20		
Ś	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21		
iabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	or 35% controlled entity		22			
Ξ	23	Secured mortgages and notes payable to unrela	rd parties		23			
	24	Unsecured notes and loans payable to unrelated	l third p	parties		24		
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,		25		0	
	26	Total liabilities. Add lines 17 through 25 .			1,166	26	24	,283
Fund Balances	27	Organizations that follow FASB ASC 958, clines 27, 28, 32, and 33. Net assets without donor restrictions	ere 🗹 and complete	149,417	27	97	,555	
8	28	Net assets with donor restrictions				28		
r Func		Organizations that do not follow FASB ASC complete lines 29 through 33.						
S OF	29	Capital stock or trust principal, or current funds				29		
Assets	30	Paid-in or capital surplus, or land, building or ed				30		
Ass	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31		
Net /	32	Total net assets or fund balances	•		149,417	32	<u> </u>	,555
Ž	33	Total liabilities and net assets/fund balances .		150,583	33	121	1,838	

Form **990** (2023)

————— Page 12 —

2Total expenses (must equal Part IX, column (A), line 25)	Part XI Reconcilliation of Net Assets		
2 Total expenses (must equal Part IX, column (A), line 25)	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u> <u></u>
3 Revenue less expenses. Subtract line 2 from line 1	L Total revenue (must equal Part VIII, column (A), line 12)	1	307,093
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2 Total expenses (must equal Part IX, column (A), line 25)	2	358,358
5 Net unrealized gains (losses) on investments	Revenue less expenses. Subtract line 2 from line 1	3	-51,265
6 Donated services and use of facilities	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	149,417
	Net unrealized gains (losses) on investments	5	
7 Investment expenses	5 Donated services and use of facilities	6	
	7 Investment expenses	7	
8 Prior period adjustments	B Prior period adjustments	8	-597
9 Other changes in net assets or fund balances (explain in Schedule O)	Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 97,5	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,555

0/31/2	4, 2:19 PM Streams Of Mercy Inc - Full Filing- Nonprofit Explorer - ProPublica		
1	Accounting method used to prepare the Form 990: ✓ Cash ∪ Accrual ∪ Other	1 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	2b	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
		Form	n 990 (2023)
	990 (2023)		
Ad	ditional Data	Return to	Form
	Software ID: 23017509		
	Software Version:		
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TIN: 47-0930787

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

		ne organization					Employer identific	ation number					
Strear	ns or M	ercy Inc					47-0930787						
	rt I	Reason for Public					See instructions.						
The c	rganiz	ation is not a private four		•	•								
1		A church, convention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).						
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)							
3		A hospital or a cooperat	ive hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).						
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's					
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in section					
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).						
7	~	An organization that no section 170(b)(1)(A)			s support from a	governmental u	init or from the genera	al public described in					
8		A community trust desc	I.)										
An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction non-land grant college of agriculture. See instructions. Enter the name, city, and state of the second s								ege or university or a					
10		from activities related to investment income and	organization that normally receives: (1) more than $331/3\%$ of its support from contributions, membership fees, and gross receipts mactivities related to its exempt functions—subject to certain exceptions, and (2) no more than $331/3\%$ of its support from gross estment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 1975. See section 509(a)(2). (Complete Part III.)										
11		An organization organiz	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).						
12		more publicly supported	In organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or nore publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
b		Type II. A supporting of management of the sup must complete Part I	organization sup porting organiz	ervised or controlled in the san									
c		Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its					
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organing organic	ization operated fy a distribution	in connection wi requirement and	th its supported orgar						
е		Check this box if the orgintegrated, or Type III r	ganization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally					
f	Enter	the number of supported	d organizations				<u> </u>						
g		de the following informat		· · · · · · · · · · · · · · · · · · ·			Ī	Ī					
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No							
Tota								0					
For F	aperv	work Reduction Act Notor 990-EZ.	tice, see the I	nstructions for	Cat. No. 11285	I 5F	Schedule Schedule	A (Form 990) 2023					
				Pa	ge 2 ———								
					-								
		(Form 990) 2023	_	_				Page 2					
Pa	rt II			rations Described ne box on line 5, 7,									

If the organization failed to qualify under the tests listed below, please complete Part III.)

	r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1		470,781	321,116	390,269	354,023	307,093	1,843,282
	include any "unusual grant.")	470,701	321,110	390,209	334,023	307,093	1,043,202
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						0
3	 The value of services or facilities						
	furnished by a governmental unit to						0
4	the organization without charge Total. Add lines 1 through 3	470,781	321,116	390,269	354,023	307,093	1,843,282
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						1,843,282
	Section B. Total Support						
	nlendar year or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7		470,781	321,116	390,269	354,023	307,093	1,843,282
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						0
9	income from similar sources Net income from unrelated business						
	activities, whether or not the						a
10	business is regularly carried on Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through						1,843,282
12	10 Gross receipts from related activities, e	etc. (see instruction	ons)			12	2/2 : 5/2 3
	First 5 years. If the Form 990 is for the					<u> </u>	ization, check
	this box and stop here	_			-		,
-5	Section C. Computation of Public						
	Public support percentage for 2023 (lin					14	100.000 %
	Public support percentage for 2022 Sch					15	100.000 %
16	a 33 1/3% support test—2023. If the c						
	and stop here. The organization qualif 33 1/3% support test—2022. If the						
	box and stop here. The organization						
17	a 10%-facts-and-circumstances test and if the organization meets the "facts						
	meets the "facts-and-circumstances" to		•	•	•	-	
ı	10%-facts-and-circumstances tes	t-2022. If the o	rganization did no	t check a box on li	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
	more, and if the organization meets the		•		•		_
18	meets the "facts-and-circumstances" to Private foundation. If the organization	est. The organiza In did not check a	ation qualifies as a a box on line 13, 1	publicly supporte 6a, 16b, 17a, or 1	d organization . . .7b, check this box	and see	🟲 🗆
	instructions						▶□
						Schedule A (Form 990) 2023
			Page 3				
	nedule A (Form 990) 2023						Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	or Part II If
	the organization fails t						Ci i dic II. Ii
	Section A. Public Support	1	1	T		1	T
	nlendar year or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2							
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	1					
3	Gross receipts from activities that are		1				
	not an unrelated trade or business under section 513			<u> </u>	<u> </u>		<u> </u>
	Tay revenues levied for the		_				

Streams Of Mercy Inc - Full Filing- Nonprofit Explorer - ProPublica

10/31/24, 2:19 PM

10/31/	24, 2:19 PM	Str	eams Of Mercy Inc	- Full Filing- Nonp	rofit Explorer - ProP	ublica			
	organization's benefit and either paid	I	ı	Ι	1	1	1		
5	to or expended on its behalf The value of services or facilities						-		
3	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified 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.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								0
	from line 6.)					l .			0
	ection B. Total Support	1	Г	1	1	1			
	endar year fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
9	Amounts from line 6								
10a	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 acquired after June 30, 1975.								
С	Add lines 10a and 10b.						1		
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is	1							
	regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
	11, and 12.)								
14	First 5 years. If the Form 990 is for t	=							_
	this box and stop here								ightharpoons
Se	ection C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2023 (lin					15			0 %
16	Public support percentage from 2022 S	Schedule A, Part I	II, line 15			16			
Se	ection D. Computation of Invest	ment Income	Percentage						
17	Investment income percentage for 20	23 (line 10c, colu	mn (f) divided by	line 13, column	(f))	17			0 %
18	Investment income percentage from 2	022 Schedule A,	Part III, line 17 .			18			
19a	33 1/3% support tests-2023. If the	organization did r	not check the box	on line 14, and I	ine 15 is more thar	n 33 1/3%, and lin	ne 17	is not	
	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2022. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	з% а г	nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	licly supported org	anization)	▶ 🗌	
20	Private foundation. If the organizati	on did not check a	a box on line 14,	19a, or 19b, chec	k this box and see	instructions		ightharpoons	
			,			Schedule A			2023
			Page 4						
			. 490 1						
Sche	dule A (Form 990) 2023							F	age 4
Pai	t IV Supporting Organization	S							
	(Complete only if you checked								
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			(12C, 01 Part 1, CC	implete Sections A	, D, and E. II you	criec	.keu bo	Х
Se	ection A. All Supporting Organiz		<u>, , , , , , , , , , , , , , , , , , , </u>						
	11 2 2							Yes	No
1									
	Are all of the organization's supported	organizations list	ed by name in th	e organization's g	overnina documen	ts? [
_	Are all of the organization's supported If "No," describe in Part VI how the s								
_		upported organiza	ntions are designa				1		
	If "No," describe in Part VI how the sidescribe the designation. If historic an	upported organiza d continuing relat	itions are designa ionship, explain.	ated. If designated	d by class or purpo	se,	1		
2	If "No," describe in Part VI how the se	upported organizaded continuing related organization the	ations are designa ionship, explain. nat does not have	eted. If designated	d by class or purpo ation of status und	se, ler section	1		
	If "No," describe in Part VI how the sidescribe the designation. If historic and Did the organization have any support	upported organizaded continuing related organization the	ations are designa ionship, explain. nat does not have	eted. If designated	d by class or purpo ation of status und	se, ler section	1 2		
2	If "No," describe in Part VI how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	upported organizad continuing related organization the part VI how the o	ntions are designationship, explain. nat does not have rganization deter	e an IRS determin	d by class or purpo ation of status und upported organizati	se, ler section ion was			
	If "No," describe in Part VI how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F	upported organizad continuing related organization the part VI how the o	ntions are designationship, explain. nat does not have rganization deter	e an IRS determin	d by class or purpo ation of status und upported organizati	se, ler section ion was	2		
2 3a	If "No," describe in Part VI how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	upported organizated continuing related organization the contract VI how the organization description descriptions.	ntions are designationship, explain. The nat does not have reganization determination determination deciribed in section	e an IRS determinemined that the su	d by class or purpo ation of status und upported organizati (6)? If "Yes," answ	se, ler section ion was ver lines 3b and			
2	If "No," describe in Part VI how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each	upported organizad continuing related organization the continuing related organization the continuing related organization descriptions are supported organization organization descriptions.	ntion's are designationship, explain. The does not have rganization determination determination determination qualified upper termination qua	e an IRS determin mined that the su 501(c)(4), (5), or	ation of status und upported organization (6)? If "Yes," answ (c)(4), (5), or (6)	se, ler section ion was ver lines 3b and and satisfied	2		
2 3a	If "No," describe in Part VI how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	upported organizad continuing related organization the continuing related organization the continuing related organization descriptions are supported organization organization descriptions.	ntion's are designationship, explain. The does not have rganization determination determination determination qualified upper termination qua	e an IRS determin mined that the su 501(c)(4), (5), or	ation of status und upported organization (6)? If "Yes," answ (c)(4), (5), or (6)	se, ler section ion was ver lines 3b and and satisfied	2 3a		
2 3a b	If "No," describe in Part VI how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section	upported organizad continuing related organization the part VI how the of organization descriptions of the part VI for the organization descriptions of the part VI for the pa	nations are designationship, explain. That does not have rganization determination determination determination qualified to s," describe in Page 1	e an IRS determin mined that the su 501(c)(4), (5), or under section 501 art VI when and h	ation of status und upported organization (6)? If "Yes," answ (c)(4), (5), or (6) a now the organization	se, ler section ion was ver lines 3b and and satisfied on made the	2		

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
36	cuon c. Type II Supporting Organizations		Yes	No
Se	ection C. Type II Supporting Organizations			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
2	applied to such powers during the tax year. Did the experience operate for the benefit of any supported examination other than the supported examination (c) that	1		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
			Yes	No
Se	VI. ection B. Type I Supporting Organizations			<u> </u>
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
b	A family member of a person described on 11a above?	11a 11b		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
11	Has the organization accepted a gift or contribution from any of the following persons?			
r al	oupporting organizations (continued)		Yes	No
	dule A (Form 990) 2023 t IV Supporting Organizations (continued)		P	age .
	Page 5 ————			
	Schedule A	(Form	990)	202
	the organization had excess business holdings).	10b		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	9b		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	Ja		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
	complete Part I of Schedule L (Form 990).	8		
8	contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial	6		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
c	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections	4b		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		

. 0, 0 1, 1	each of the organization's supported organization(s)? If "No," describe in Part VI how	v contr	ol or management of the	<u> </u>	+	
	supporting organization was vested in the same persons that controlled or managed to			1		
Se	ection D. All Type III Supporting Organizations				Tv	T
1	Did the organization provide to each of its supported organizations, by the last day of	the fif	th month of the organization's		Yes	No
•	tax year, (i) a written notice describing the type and amount of support provided durir	ng the	prior tax year, (ii) a copy of the			
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?		ganization's governing	1	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el	lected	by the supported	-	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "iorganization maintained a close and continuous working relationship with the supported					
_		_	. ,	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization's	tion's i	ncome or assets at all times	$ldsymbol{le}}}}}}$	<u> </u>	
	during the tax year? If "Yes," describe in Part VI the role the organization's supported	d orga	nizations played in this regard.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations					
1 a	Check the box next to the method that the organization used to satisfy the Integral Pa The organization satisfied the Activities Test. Complete line 2 below.	art Tes	t during the year (see instruct	ions):		
b		line '	3 halaw			
					-ti)	
С	The organization supported a governmental entity. Describe in Part VI how yo	ս Տսքբ	orted a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further				1.00	
	supported organization(s) to which the organization was responsive? <i>If "Yes," then in organizations and explain</i> how these activities directly furthered their exempt purp					
	responsive to those supported organizations, and how the organization determined the substantially all of its activities.			<u></u>	<u> </u>	
b	Did the activities described on line 2a, above constitute activities that, but for the organizations in the constitute activities that it is activitied to the organization of the organiz	anizati	on's involvement, one or more	2a	 	
	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in ti	' expla	in in Part VI the reasons for			
	organization's involvement.	nese a	ctivities but for the	2b	1	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the offi	icers, d	directors, or trustees of each of	За		
L	the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, progra	ame a	ad activities of each of its		 	
U	supported organizations? If "Yes," describe in Part VI. the role played by the organizations?			3b	 	
			Schedule A		n 990)	2023
	Page 6					
School	dule A (Form 990) 2023					
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	raani	izations			Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	_		/T) Se		
	instructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea ional)	ır
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			rent Yea	
	Section B - Minimum Asset Amount (A) Prior Year					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
a	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
С	c Fair market value of other non-exempt-use assets 1c					
d	Total (add lines 1a, 1b, and 1c)	1d				

ail in Part VI):				
ebtedness applicable to non-exempt use assets	2			
from line 1d	3			
neld for exempt use. Enter 0.015 of line 3 (for greater amount, see	4			
on-exempt-use assets (subtract line 4 from line 3)	5			
by 0.035	6			
prior-year distributions	7			
et Amount (add line 7 to line 6)	8			
Distributable Amount			Cı	urrent Year
ncome for prior year (from Section A, line 8, Column A)	1			
ine 1	2			
amount for prior year (from Section B, line 8, Column A)	3			
of line 2 or line 3	4			
posed in prior year	5			
	6			
ere if the current year is the organization's first as a non-functionally- ons)	integrat	ted Type III su	pporting organization	(see
	ebtedness applicable to non-exempt use assets from line 1d held for exempt use. Enter 0.015 of line 3 (for greater amount, see on-exempt-use assets (subtract line 4 from line 3) by 0.035 orior-year distributions set Amount (add line 7 to line 6) Distributable Amount noome for prior year (from Section A, line 8, Column A) ine 1 t amount for prior year (from Section B, line 8, Column A) of line 2 or line 3 posed in prior year Amount. Subtract line 5 from line 4, unless subject to emergency uction (see instructions)	add in Part VI): ebtedness applicable to non-exempt use assets from line 1d abeld for exempt use. Enter 0.015 of line 3 (for greater amount, see den-exempt-use assets (subtract line 4 from line 3) by 0.035 for orior-year distributions for exempt use assets (subtract line 4 from line 3) by 0.035 for orior-year distributions for exempt use assets (subtract line 4 from line 3) for orior-year distributions for exempt-use assets (subtract line 4 from line 3) for orior-year distributions for orior-year distributions for prior year (from Section A, line 8, Column A) for line 1 amount for prior year (from Section B, line 8, Column A) for line 2 or line 3 for line 2 or line 3 for orior-year for orion-year for orior-year for orior-year for orion-year for orior-year for orion-year for or	add in Part VI): ebtedness applicable to non-exempt use assets from line 1d abeld for exempt use. Enter 0.015 of line 3 (for greater amount, see 4 con-exempt-use assets (subtract line 4 from line 3) by 0.035 for orior-year distributions for exempt (add line 7 to line 6) Distributable Amount from for prior year (from Section A, line 8, Column A) ine 1 a mount for prior year (from Section B, line 8, Column A) of line 2 or line 3 posed in prior year Amount. Subtract line 5 from line 4, unless subject to emergency unction (see instructions)	adl in Part VI): ebtedness applicable to non-exempt use assets from line 1d all held for exempt use. Enter 0.015 of line 3 (for greater amount, see define exempt use assets (subtract line 4 from line 3) by 0.035 for orior-year distributions for et Amount (add line 7 to line 6) Distributable Amount for ome for prior year (from Section A, line 8, Column A) ine 1 t amount for prior year (from Section B, line 8, Column A) of line 2 or line 3 posed in prior year Amount. Subtract line 5 from line 4, unless subject to emergency 6

Schedule A (Form 990) 2023 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (Section D - Distributions		Current Year
Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
L. Annied to 2022 distributable annount	Ţ		

Return Reference			Schedule A (Form 990) 20
Return Reference			Schedule A (Form 990) 20
		Explanation	
	Facts And Circum	nstances Test	
instructions).			
Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8		, and 11c; Part IV, Section B, lin , 2b, 3a and 3b; Part V, line 1; P	es 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
edule A (Form 990) 2023 art VI Supplemental Information	on. Provide the explanations require	d by Part II. line 10: Part II. line	Pag 17a or 17b; Part III, line 12; Part IV,
	Page	8	Schedule A (Form 990) (202
Excess from 2023			
Excess from 2021 Excess from 2022			
Excess from 2020			
Breakdown of line 7: Excess from 2019			
Excess distributions carryover to 3j and 4c.	2024. Add lines		
Remaining underdistributions for 202 lines 3h and 4b from line 1. If the a than zero, <i>explain in Part VI</i> . See in	mount is greater nstructions.		
	4a from line 2. explain in Part VI .		
Remaining underdistributions for yea 2023, if any. Subtract lines 3g and 4 If the amount is greater than zero, 6 See instructions.			

Software ID: 23017509 **Software Version:**

Schedule B	ObjectId: 202411289349301851 - Subm	nission: 2024-05-07	TIN: 47-0930787
30::3aa:3 2	Schedule of	Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 99 Go to <u>www.irs.gov/Form9</u>	90, 990-EZ, or 990-PF. <u>990</u> for the latest information.	2023
Name of the organization Streams of Mercy Inc			loyer identification number 930787
Organization type (check	one):		350707
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organizat	tion	
	4947(a)(1) nonexempt charitable tr	rust not treated as a private foundation	
	☐ 527 political organization		
Form 990-PF	☐ 501(c)(3) exempt private foundation	n	
	4947(a)(1) nonexempt charitable tr	ust treated as a private foundation	
	☐ 501(c)(3) taxable private foundation	n	
Special Rules			
☐ For an organization	described in section 501(c)(3) filing Form 9 a)(1) and 170(b)(1)(A)(vi), that checked Sc	chedule A (Form 990 or 990-EZ), Part II, I	
received from any o	ne contributor during the year total contrib	butions of the greater of (1) \$5 000 or (2)	ine 13, 16a, or 16b, and that
received from any o	ne contributor, during the year, total contrib h, or (ii) Form 990-EZ, line 1. Complete Pa		ine 13, 16a, or 16b, and that
received from any o 990, Part VIII, line 1 For an organization during the year, tota		arts I and II. filing Form 990 or 990-EZ that received tively for religious, charitable, scientific, lit	ine 13, 16a, or 16b, and that 2% of the amount on (i) Form from any one contributor,
received from any of 990, Part VIII, line 1 For an organization during the year, total purposes, or for the For an organization during the year, confit this box is checked purpose. Don't com	h, or (ii) Form 990-EZ, line 1. Complete Padescribed in section 501(c)(7), (8), or (10) I contributions of more than \$1,000 exclusions	filing Form 990 or 990-EZ that received tively for religious, charitable, scientific, lits. Complete Parts I, II, and III. filing Form 990 or 990-EZ that received to le, etc., purposes, but no such contribution ere received during the year for an exclusive applies to this organization because	ine 13, 16a, or 16b, and that 2% of the amount on (i) Form from any one contributor, erary, or educational from any one contributor, ons totaled more than \$1,000. Sively religious, charitable, etc. it received nonexclusively
received from any of 990, Part VIII, line 1 For an organization during the year, total purposes, or for the For an organization during the year, conlif this box is checked purpose. Don't commeligious, charitable. Caution: An organization the 990-EZ, or 990-PF), but it in or on its Form 990PF, Part	h, or (ii) Form 990-EZ, line 1. Complete Padescribed in section 501(c)(7), (8), or (10) I contributions of more than \$1,000 exclusive prevention of cruelty to children or animals described in section 501(c)(7), (8), or (10) tributions exclusively for religious, charitabd, enter here the total contributions that we plete any of the parts unless the General F	filing Form 990 or 990-EZ that received tively for religious, charitable, scientific, lits. Complete Parts I, II, and III. filing Form 990 or 990-EZ that received tole, etc., purposes, but no such contributionere received during the year for an exclust Rule applies to this organization because eduring the year	ine 13, 16a, or 16b, and that 2% of the amount on (i) Form from any one contributor, erary, or educational from any one contributor, ons totaled more than \$1,000. sively religious, charitable, etc. it received nonexclusively \$ \$ B (Form 990, or Form 990-EZ
received from any of 990, Part VIII, line 1 For an organization during the year, total purposes, or for the For an organization during the year, conlif this box is checked purpose. Don't commeligious, charitable. Caution: An organization the 990-EZ, or 990-PF), but it in the solution is the solution in the solution.	h, or (ii) Form 990-EZ, line 1. Complete Padescribed in section 501(c)(7), (8), or (10) I contributions of more than \$1,000 exclusive prevention of cruelty to children or animals described in section 501(c)(7), (8), or (10) tributions exclusively for religious, charitabed, enter here the total contributions that we plete any of the parts unless the General Factor, contributions totaling \$5,000 or more that isn't covered by the General Rule and/onust answer "No" on Part IV, line 2, of its Factor, line 2, to certify that it doesn't meet the fill lotice, see the Instructions	filing Form 990 or 990-EZ that received tively for religious, charitable, scientific, lits. Complete Parts I, II, and III. filing Form 990 or 990-EZ that received tole, etc., purposes, but no such contributionere received during the year for an exclust Rule applies to this organization because eduring the year	ine 13, 16a, or 16b, and that 2% of the amount on (i) Form from any one contributor, erary, or educational from any one contributor, ons totaled more than \$1,000. Sively religious, charitable, etc. it received nonexclusively \$ \$ B (Form 990, s Form 990-EZ
received from any of 990, Part VIII, line 1 For an organization during the year, total purposes, or for the For an organization during the year, consulf this box is checked purpose. Don't combre religious, charitable caution: An organization the 1990-EZ, or 990-PF), but it in 1990-EZ, or 990-PF). For Paperwork Reduction Act N	h, or (ii) Form 990-EZ, line 1. Complete Padescribed in section 501(c)(7), (8), or (10) I contributions of more than \$1,000 exclusion prevention of cruelty to children or animals described in section 501(c)(7), (8), or (10) tributions exclusively for religious, charitabed, enter here the total contributions that we plete any of the parts unless the General F , etc., contributions totaling \$5,000 or more that isn't covered by the General Rule and/onust answer "No" on Part IV, line 2, of its FI, line 2, to certify that it doesn't meet the fill lotice, see the Instructions	filing Form 990 or 990-EZ that received tively for religious, charitable, scientific, lits. Complete Parts I, II, and III. filing Form 990 or 990-EZ that received to le, etc., purposes, but no such contribution ere received during the year for an exclusive applies to this organization because eduring the year.	ine 13, 16a, or 16b, and that 2% of the amount on (i) Form from any one contributor, erary, or educational from any one contributor, ons totaled more than \$1,000. Sively religious, charitable, etc. it received nonexclusively \$ B (Form 990, s Form 990-EZ 90,

Schedule B (Form 990) (2023)

Name of organization

Strooms of Massy Too

Page 2

Employer identification number

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
		\$ RESTRICTED	Payroll
	· · · · · · · · · · · · · · · · · · ·		Noncash (Complete Part II for noncash
			contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		-	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		-	Payroll
		_ \$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		1 .	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)
	Page 3		
Schedule E	(Form 990) (2023)		Page 3
Name of org Streams of	anization	Employer identification	
	·	47-0930787	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

-			= _	\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) V (or estimate) ee instructions)	(d) Date received
-			= _	\$	
(a) No. from Part I	(b) Description of noncash լ	property given		(c) V (or estimate) ee instructions)	(d) Date received
-			= _	\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) V (or estimate) ee instructions)	(d) Date received
-			= -	\$	
(a) No. from Part I	(b) Description of noncash p	property given		(c) V (or estimate) ee instructions)	(d) Date received
-			=	\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) V (or estimate) ee instructions)	(d) Date received
-			_ _	\$	
	B (Form 990) (2023)	Page 4 ——			Page 4
Streams of or	rganization Mercy Inc			47-0930787	tification number
Part III	Exclusively religious, charitable, etc., control than \$1,000 for the year from any one control organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ibutor. Complete column total of exclusively religions.	s (a) through ((e) and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of ç	gift	(d) Descrip	ption of how gift is held
-	Transferee's name, address, and Z	(e) Transfer o		ship of transferor to	o transferee
(a)		<u>_</u>			
No.`from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Descri	ption of how gift is held
-		(e) Transfer of	of gift		
}	Transferee's name, address, and Z	IP 4	Relation	ship of transferor to	o transferee
(a)	/h\ Burnaga of aiff	(a) Han of a	.:64	(d) Deceri	ntion of how aift in hold

0/31/24, 2:19 PM NO. 110111 Part I	(b) Fui þose oi gill	Streams Of Mercy Inc - Full Filing- Nonprofit	(u) Description of now grit is neighbor.
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relatio	nship of transferor to transferee
			Schedule B (Form 990) (202
	l Data		Return to Form

Software ID: Software Version:

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ObjectId: 202411289349301851 - Submission: 2024-05-07

TIN: 47-0930787

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

	tment of the Treasury	-	Attach to Form 990. 1990 for instructions and the lat	tast information	Open to Public
	al Revenue Service me of the organ		1990 for first uctions and the la		Inspection tification number
	eams of Mercy Inc				
Do	rt I Organi	izations Maintaining Donor Advi	and Euroda au Othau Similau	47-0930787	
Po		ete if the organization answered "Ye			
			(a) Donor advised funds		and other accounts
1	Total number at	end of year			
2	Aggregate value	e of contributions to (during year)			
3	Aggregate value	e of grants from (during year)			
4	Aggregate value	e at end of year			
5		ation inform all donors and donor advisc property, subject to the organization's ex			e
6	charitable purp	ation inform all grantees, donors, and dooses and not for the benefit of the donor	or donor advisor, or for any other	purpose conferring impermi	ssible
Pa		rvation Easements.			
_		ete if the organization answered "Ye		•	
1		onservation easements held by the orga	· · · · · · · · · · · · · · · · · · ·	tion of an biotectically to	and land and
		ion of land for public use (e.g., recreation	,	tion of an historically impor	
		of natural habitat	U Preserva	tion of a certified historic st	ructure
		on of open space			
2	easement on th	2a through 2d if the organization held a ne last day of the tax year.	•	Held at	on the End of the Year
а		conservation easements			
b	_	estricted by conservation easements			
С		servation easements on a certified histori	• •		
d		ervation easements included in (c) acqu re listed in the National Register	ired after July 25, 2006, and not or	1 a 2d	
3	Number of constax year ▶	servation easements modified, transferre	ed, released, extinguished, or termi	nated by the organization d	uring the
4	Number of state	es where property subject to conservation	on easement is located 🕨		
5	Does the organ and enforcemen	ization have a written policy regarding that of the conservation easements it hold.	he periodic monitoring, inspection, s?	,	☐ Yes ☐ No
6	Staff and volun	teer hours devoted to monitoring, inspec	cting, handling of violations, and en	nforcing conservation easem	ents during the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing	ng conservation easements	during the year
8		servation easement reported on line 2(d) O(h)(4)(B)(ii)?			☐ Yes ☐ No
9	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organization's final		
Par		izations Maintaining Collections ete if the organization answered "Ye			ets.
1a	If the organizat historical treasu	cion elected, as permitted under FASB AS ures, or other similar assets held for pub ext of the footnote to its financial statem	SC 958, not to report in its revenue lic exhibition, education, or researc	statement and balance she	
b	historical treasu	ion elected, as permitted under FASB AS ures, or other similar assets held for pub nts relating to these items:	lic exhibition, education, or researc	th in furtherance of public se	ervice, provide the
((i) Revenue includ	ded on Form 990, Part VIII, line $1 \ldots $		> \$	
(ii)Assets included	d in Form 990, Part X			
2	If the organizat	tion received or held works of art, histori nts required to be reported under FASB	cal treasures, or other similar asset ASC 958 relating to these items:	ts for financial gain, provide	the
а	Revenue include	ed on Form 990, Part VIII, line 1		> \$	
b	Assets included	l in Form 990, Part X		> \$	
For	Paperwork Redi	uction Act Notice, see the Instructio	ns for Form 990.	Cat. No. 52283D Sched	ule D (Form 990) 202

https://projects.propublica.org/nonprofits/organizations/470930787/202411289349301851/full

25/29

---- Page 2 -----

Sche	dule D	(Form 990) 2022												Page 2
Par	t III	Organizations Ma	aintaining Col	lections o	f Art, I	Histori	cal Tr	eası	ıres, o	r Other	Similar A	ssets (con	inued)	
3		the organization's acq (check all that apply):	uisition, accessior	, and other	records		any of	the fo	llowing t	that are a	significant (use of its co	lection	
а		Public exhibition				d		Loan	or exch	ange prog	grams			
b		Scholarly research				е		Othe	r <u></u>				·····	
С		Preservation for future	generations											
4	Provid Part >	de a description of the G	organization's coll	ections and	explain	how the	y furth	er the	e organiz	zation's ex	xempt purpo	se in		
5		g the year, did the orga s to be sold to raise fur										☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the org line 21.			on For	m 990,	Part	IV, lir	ne 9, or	reporte	d an amou	nt on Forn	n 990,	Part X,
1a		e organization an agent ded on Form 990, Part)										☐ Yes		lo
b	If "Ye	es," explain the arrange	ment in Part XIII	and complet	te the fo	llowina	table:				A	mount		_
c		ning balance				_				1c				_
d	_	ions during the year .								1d				
е	Distri	butions during the year								1e				
f	Endin	ig balance								1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990, Pari	t X, line	21, for (escrow	or cu	stodial a	account lia	ability?	☐ Yes		— lo
b	If "Ye	s," explain the arrange	ment in Part XIII.	Check here	if the e	xplanati	on has	been	provide	d in Part)	XIII			
Pa	rt V	Endowment Fund				•			·					
		Complete if the or	ganization answ											
1.	Roginn	ing of year balance		(a) Curren	t year	(b) P	rior yea	r	(c) Two y	ears back	(d) Three ye	ars back (e)	Four yea	irs back
	_	ing of year balance .												
		outions	a and laceae											
		estment earnings, gair or scholarships												
е	Other e	expenditures for facilitie												
	-	istrative expenses .												
q	End of	year balance												
2		, de the estimated perce	ntage of the curre	nt vear end	balance	(line 1c	ı. colur	nn (a)) held a	ıs:				
a		d designated or quasi-e	-	, , , , , , , , , , , , , , , , , , , ,		(2	,,	(-,	,,					
b	Perm	anent endowment 🕨			····									
c	Term	endowment 🕨												
	The p	ercentages on lines 2a	, 2b, and 2c shou	d equal 100	%.									
3а		here endowment funds	not in the posses	sion of the c	organiza	tion that	are he	eld an	d admin	istered fo	r the			
	_	nization by: nrelated organizations										3a(i)	Yes	No
		Related organizations					٠.	٠				3a(ii)		
b	• •	s" on 3a(ii), are the rel				on Sche	dule R					3b	<u>'</u>	
4	Descr	ribe in Part XIII the inte	ended uses of the	organizatior	n's endo	wment f	unds.					Į		
Pai	rt VI	Land, Buildings,	and Equipmer	nt.										_
	Danasi	Complete if the org				m 990, or other								
	Descri	ption of property	(a) Cost or oth (investme		(B) Cost	. or other	Dasis (C	uner)	(C) ACC	umulated (depreciation	(a) E	ook valu	e
1a	Land			0										0
b	Buildin	gs												
c	Leaseh	old improvements												
d	Equipn	nent					1	3,894			13,894			0
	Other													
Tota	il. Add	lines 1a through 1e. (C	olumn (d) must e	qual Form 9	90, Part	X, colu	mn (B)	, line	10(c).)		•		-	0
											Sch	edule D (F	orm 99	0) 2022

chedule D (1 orini 330) 2021

Schedule D (Form 990) 2022 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV	line 11h See For	m 990 Part	X line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of	
1) Financial derivatives				
(A)				
(B)				
(C)				
D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV,	line 11c. See For (b) Book value	(c) M	EX, line 13. ethod of valuation:
(1)			COST OF E	iu-oi-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, I	ine 11d. See For	m 990, Part	X, line 15.
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Tabal (Caluma (b) assab assal Farma COO Barb V and (B) line 15				•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P.	art I\/ I			Part X line 25
1. (a) Description of liability	ωι ι Ι V, Ι	C 11E 01 111.36	201111 990	(b) Book value

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otal.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)			*	0
	bility for uncertain tax positions. In Part XIII, provide the text of the footnote t	o the or	rganization's financial		
	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her		=		
				Schedule D	(Form 990) 2022
	Page 4 —				
chod	ule D (Form 990) 2022				
	t XI Reconciliation of Revenue per Audited Financial Statem	onts \	With Payanua nan	Doturn	Page 4
Pai	Complete if the organization answered 'Yes' on Form 990, Par			Return.	
	Total revenue, gains, and other support per audited financial statements .			1	
:	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	·		2e	
3	Subtract line 2e from line 1			3	
ļ	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	
;	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part	XII Reconciliation of Expenses per Audited Financial Stater			er Return.	
	Complete if the organization answered 'Yes' on Form 990, Par		ne 12a.		
	Total expenses and losses per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l a- 1			
а	Donated services and use of facilities	2a		<u> </u>	
b	Prior year adjustments	2b		_	
C C	Other losses	2c		⊣	
d	Other (Describe in Part XIII.)	2d		- ₃.	
	Add lines 2a through 2d			2e	
е	Subtract line 2e from line 1			3	
e	Amounts included an Fours 000 Park IV. Page 35 I. V. V.			1 1	
e ;	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما			
e a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
e l a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			
e B L a	Investment expenses not included on Form 990, Part VIII, line 7b	4b		4c 5	

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.

, , , , , , , , , , , , , , , , , , , ,	
Return Reference	Explanation

Schedule D (Form 990) 2022

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TIN: 47-0930787OMB No. 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2023

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Name of the organization Streams of Mercy Inc **Employer identification number**

47-0930787

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Return Reference	Explanation	
Pt VI, Line 6	Reviewed by the Director prior to submission.	
Pt VI, Line 19	Made available upon request.	
Pt VI, Line 11b	Reviewed by the Director prior to submission	
Pt XI	Clean up of balance sheet for outstanding deposits and checks that never cleared, years old.	

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

Cat. No. 51056K

Schedule O (Form 990) 2023

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