

2017
INCOME TAX RETURN

EMMANUEL MERCY MISSION

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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)

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EMMANUEL MERCY MISSION		D Employer identification number 93-1085949
	Doing business as		E Telephone number 503-894-7512
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 886,597.
	City or town, state or province, country, and ZIP or foreign postal code PO BOX 2635 CLACKAMAS, OR 97015-2635		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
F Name and address of principal officer: VALERY SHKURINSKY 509 NW ILWACO ST, CAMAS, OR 98607			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: HTTPS://EMMHELP.ORG/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1992 M State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HUMANITARIAN AID TO INDIVIDUALS IN EASTERN EUROPEAN COUNTRIES FORMERLY KNOWN AS THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 869,356.	Current Year 886,597.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	869,356.	886,597.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	856,838.	877,882.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,517.	10,425.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	868,355.	888,307.	
19 Revenue less expenses. Subtract line 18 from line 12	1,001.	-1,710.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,895.	End of Year 3,185.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,895.	3,185.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	VALERY SHKURINSKY, PRESIDENT	11/15/18			
Paid Preparer Use Only	Print/Type preparer's name SHANNON M. MOXLEY	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00315342
	Firm's name SHANNON M. MOXLEY CPA	Firm's EIN 26-1703467			
	Firm's address 12360 SW JAMES ST TIGARD, OR 97223	Phone no. 503-590-5176			

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