

Short Form
Return of Organization Exempt from Income Tax
(except private foundations)
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **2016**, and ending **2016**, and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

C TENDER LOVING MERCY
1907 APPLE ST SUITE 8
OCEANSIDE, CA 92054

D Employer identification number 30-0495546

E Telephone number (760) 521-1033

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

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

I Website: <http://www.tenderlovingmercy.com/>

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 144,246.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

REVENUE		EXPENSES		TESTS A	
1	Contributions, gifts, grants, and similar amounts received	1	144,246.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	12	67,754.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	13	1,461.	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	14	56,776.	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	15			
5b	Less: cost or other basis and sales expenses	16	18,729.		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	17	144,720.		
6	Gaming and fundraising events	18	-474.		
7a	Gross sales of inventory, less returns and allowances	19	22,945.		
7b	Less: cost of goods sold	20			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	21	22,471.		
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.		144,246.		
10	Grants and similar amounts paid (list in Schedule O)				
11	Benefits paid to or for members				
12	Salaries, other compensation, and employee benefits				
13	Professional fees and other payments to independent contractors				
14	Occupancy, rent, utilities, and maintenance				
15	Printing, publications, postage, and shipping				
16	Other expenses (describe in Schedule O)				
17	Total expenses. Add lines 10 through 16.				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. **Schedule O**

33 Did the organization engage in any significant activity not previously reported to the IRS? Yes No

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). Yes No

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No

35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. Yes No

35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III. Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0. **37 b** Did the organization file Form 1120-POL for this year? Yes No

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No

38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. Yes No

39 Section 501(c)(7) organizations. Enter: **39 a** Initiation fees and capital contributions included on line 9. N/A **39 b** Gross receipts, included on line 9, for public use of club facilities. N/A **39 c** Section 501(c)(7) organizations. Enter: **39 a** N/A **39 b** N/A **39 c** N/A

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. **40 b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on an organization reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. Yes No

40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. Yes No

40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0. **40 e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8868-T. Yes No

41 List the states with which a copy of this return is filed. None

42 a The organizations books are in care of: **TIMOTHY LEWIS MCMAHAN** Telephone no. (760) 521-1033 Located at: **1907 APPLE ST SUITE 8 OCEANSIDE CA** ZIP + 4 92054

42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No

42 c At any time during the calendar year, did the organization maintain an office outside the United States? Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. N/A N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43

44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Yes No

44 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Yes No

44 c Did the organization receive any payments for indoor tanning services during the year? Yes No

44 d If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. Yes No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No

45 b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 c 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 d Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No

45 e 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 f 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 g 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 h 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 i 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 j 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 k 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 l 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 m 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

45 n 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Yes No

30-0495546

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.
Yes	
No	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.
Yes	
No	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.
Yes	X
No	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?
Yes	X
No	
49b	If 'Yes,' was the related organization a section 527 organization?
Yes	X
No	

50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'
f	Total number of other employees paid over \$100,000.

51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'
d	Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

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.

Yes	X
No	

Signature of officer	TIMOTHY LEWIS MCMAHAN	
Type or print name and title		
Print/Type preparer's name	DARREN SIMPSON, EA	DARREN SIMPSON, EA
Firm's name	PACIFIC TAX AND FINANCIAL GROUP	
Firm's address	955 BOARDWALK STE 203 SAN MARCOS, CA 92078-2659	
Firm's EIN	33-0893872	
Phone no.	(760) 471-2040	
Check <input type="checkbox"/> if self-employed	Date	PTIN P00426623

May the IRS discuss this return with the preparer shown above? See instructions.

Form 990-EZ (2016) TEEA0812L 12/22/16

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2016

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture. (See instructions). Enter the name, city, and state of the college or university:

- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a determination requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations.
- g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (above (see instructions))		(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(vi) and 170(b)(1)(A)(v)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1		97,458.	106,084.			203,542.
2						0.
3						0.
4	0.	97,458.	106,084.	0.	0.	203,542.
5						0.
6						0.
Public support. Subtract line 5 from line 4.						203,542.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	0.	97,458.	106,084.	0.	0.	203,542.
8						0.
9						0.
10						0.
11						203,542.
12						0.
13						0.

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2015 Schedule A, Part II, line 14	15	%

- 16a **33-1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- 16b **33-1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- 17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
- 17b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
8						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9						
10a						
10b						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

19b 33-1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations
 (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes,' and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported 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.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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.		
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 contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		
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.		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.		
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 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

11		Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11a	11b	11c
Yes	No				

Section B. Type I Supporting Organizations		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
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

Section C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1

Section D. All Type III Supporting Organizations		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3

Section E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2	Activities Test. Answer (a) and (b) below.	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3a 3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3.
 5 Depreciation and depletion
 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)
 7 Other expenses (see instructions)
 8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)

(B) Current Year (optional)	(A) Prior Year		
		1	
		2	
		3	
		4	
		5	
		6	
		7	
		8	

Section B – Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

(B) Current Year (optional)	(A) Prior Year		
		1a	
		1b	
		1c	
		1d	
		e Discount claimed for blockage or other factors (explain in detail in Part VI):	
		2 Acquisition indebtedness applicable to non-exempt-use assets	
		3	
		4	
		5	
		6	
		7	
		8	

Section C – Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1.
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3.
 5 Income tax imposed in prior year
 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).
 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

(B) Current Year (optional)	(A) Prior Year		
		1	
		2	
		3	
		4	
		5	
		6	
		7	
		8	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D -- Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E -- Distribution Allocations (see instructions)		Excess Distributions (i)	Underdistributions (ii)	Distributable Amount for 2016 (iii)
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required -- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Part VI

Supplemental Information. Provide the explanations required by Part IV, line 10: Part II, line 17a or 17b; Part III, line 12: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

TENDER LOVING MERCY

Employer identification number
30-0495546

Form 990-EZ, Part I, Line 16
Other Expenses

CLIENT SUPPORT	\$ 9,590.
EQUIP RENTAL	229.
OUTSIDE CONTRACT SERVICES	4,785.
SUPPLIES	609.
TELEPHONE	3,282.
WORKERS COMP	234.
Total	\$ 18,729.

Form 990-EZ, Part II, Line 26
Total Liabilities

AUTO LOAN	\$ 0.	Beginning
PAYROLL	0.	Ending
Total	\$ 0.	

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROVIDING COUNSELING FOR PEOPLE IN THE COMMUNITY WHO WISH TO REMAIN SOBER.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....

No

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2016

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2016 or other tax year beginning _____, 2016, and ending _____, 2016, and its instructions is available at www.irs.gov/form990t as it may be made public if your organization is a 501(c)(3). Do not enter SSN numbers on this form.

A Check box if address changed **B** Exempt under section 501(c)(3) **C** Book value of all assets at end of year: 23,839.

D Employer identification number (Employer's trust, see instructions.) 30-0495546

E Unrelated business activity codes (See instructions.)

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity:

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of: TIMOTHY LEWIS MCMAHAN Telephone number: (760) 521-1033

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c.			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	0.	0.	0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Line	Description	Amount
14	Compensation of officers, directors, and trustees (Schedule K)	
15	Salaries and wages	
16	Repairs and maintenance	
17	Bad debts	
18	Interest (attach schedule)	
19	Taxes and licenses	
20	Charitable contributions (See instructions for limitation rules)	
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
23	Depletion	
24	Contributions to deferred compensation plans	
25	Employee benefit programs	
26	Excess exempt expenses (Schedule I)	
27	Excess readership costs (Schedule J)	
28	Other deductions (attach schedule)	
29	Total deductions. Add lines 14 through 28	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.	
31	Net operating loss deduction (limited to the amount on line 30)	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	0.

Part III Tax Computation

35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: Enter your share of the \$50,000, \$25,000, and \$9,250,000 taxable income brackets (in that order):	(1) \$	(2) \$	(3) \$	
	b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
	(2) Additional 3% tax (not more than \$100,000) \$				
36	c Income tax on the amount on line 34. Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)				
37	Proxy tax. See instructions.				
38	Alternative minimum tax.				
39	Tax on Non-Compliant Facility Income. See instructions.				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.				0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	41a	
b	Other credits (see instructions). Attach Form 3800 (see instructions).	41b	
c	General business credit. Attach Form 3800 (see instructions).	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	41d	
e	Total credits. Add lines 41a through 41d.	41e	0.
42	Subtract line 41e from line 40.	42	0.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	43	
44	Total tax. Add lines 42 and 43.	44	0.
45a	Payments: A 2015 overpayment credited to 2016.	45a	
b	2016 estimated tax payments.	45b	
c	Tax deposited with Form 8868.	45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions).	45d	
e	Backup withholding (see instructions).	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941).	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other	45g	
46	Total payments. Add lines 45a through 45g.	46	0.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed.	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid.	49	
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/>	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. <input type="checkbox"/>	X	
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		0.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: **President & CEO** Title: **President & CEO** Date: Yes No
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Print/Type preparer's name: **DARREN SIMPSON, EA** Preparer's signature: **DARREN SIMPSON, EA** Date: if self-employed: **P00426623** Firm's name: **PACIFIC TAX AND FINANCIAL GROUP** Firm's EIN: **33-0893872** Firm's address: **955 BOARDWALK STE 203 SAN MARCOS, CA 92078-2659** Phone no.: **(760) 471-2040**

Schedule A – Cost of Goods Sold. Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	Additional section 263A costs (attach schedule)	4a	
b	Other costs (attach sch)	4b	
5	Total. Add lines 1 through 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
			X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property

(1)			
(2)			
(3)			
(4)			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
2 Rent received or accrued			
3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property

(1)			
(2)			
(3)			
(4)			
(a) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)			
(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			

Schedule F – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property

(1)			
(2)			
(3)			
(4)			
2 Gross income from or allocable to debt-financed property			
3 Deductions directly connected with or allocable to debt-financed property			
(a) Straight line depreciation (attach sch)			
(b) Other deductions (attach schedule)			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)			
5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			
6 Column 4 divided by column 5			
7 Gross income reportable (column 2 x column 6)			
8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)			
(2)			
(3)			
(4)			
Totals			
Total dividends-received deductions included in column 8			

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
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(1)						
(2)						
(3)						
(4)						

Totals from Part I	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	Enter here and on page 1, Part II, line 27.			
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Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
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Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name
TENDER LOVING MERCY
Additional information. See instructions.
Street address (suite or room)
1907 APPLE ST SUITE 8
City
OCEANSIDE
Foreign country name

Foreign province/state/county
CA
State
Foreign postal code
92054
Zip code
PMB no.
30-0495546

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized

E Check accounting method:
1 Cash **2** Accrual **3** Other
F Federal return filed? **1** 990T **2** 990-PF **3** Sch H (990)
G Is this a group filing? See instructions. Yes No
H Is this organization in a group exemption? Yes No
If 'Yes,' what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? Yes No
See instructions.

K Is the organization exempt under R&TC Section 23701g? Yes No
If 'Yes,' enter the gross receipts from nonmember sources. \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box No filing fee is required. Yes
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____
CACA112L 11/30/16

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues		Expenses		Filing Fee		Sign Here		Paid Preparer's Use Only	
1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	7	Total costs. Add line 5 and line 6.	11	Total payments.	Signature of officer	Signature of officer	Preparer's name (or yours, if self-employed)	Firm's name and address
2	Gross dues and assessments from members and affiliates.	8	Total gross income. Subtract line 7 from line 4.	12	Use tax. See General Instruction K.	Date	Date	955 BOARDWALK STE 203	PACIFIC TAX AND FINANCIAL GROUP
3	Gross contributions, gifts, grants, and similar amounts received.	9	Total expenses and disbursements. From Side 2, Part II, line 18.	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	Check if self-employed <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	33-0893872	SAN MARCOS, CA 92078-2659
4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B.	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	PTIN	PTIN	(760) 471-2040	
5	Cost of goods sold.	11		15	Filing fee \$10 or \$25. See General Instruction F.	FEIN	FEIN		
6	Cost or other basis, and sales expenses of assets sold.	12		16	Penalties and interest. See General Instruction J.				
7	Total costs. Add line 5 and line 6.	13		17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.				
8	Total gross income. Subtract line 7 from line 4.	14							
9	Total expenses and disbursements. From Side 2, Part II, line 18.	15							
10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	16							
11	Total payments.	17							

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer
DARREN SIMPSON, EA
Signature of officer
PRESIDENT & CEO

Preparer's name and address
PACIFIC TAX AND FINANCIAL GROUP
955 BOARDWALK STE 203
SAN MARCOS, CA 92078-2659

May the FTB discuss this return with the preparer shown above? See instructions. Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

TENDER LOVING MERCY

Receipts from Other Sources	Balance Sheet		End of taxable year
	Beginning of taxable year	End of taxable year	
1	Gross sales or receipts from all business activities. See instructions.	1	0.
2	Interest.	2	61,957.
3	Dividends.	3	
4	Gross rents.	4	
5	Gross royalties.	5	
6	Gross amount received from sale of assets (See instructions).	6	
7	Other income. Attach schedule.	7	
8	Total gross sales or receipts from other sources. Add line 1 through line 7, Part I, line 1.	8	
9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	9	
10	Disbursements to or for members.	10	
11	Compensation of officers, directors, and trustees. Attach schedule.	11	
12	Other salaries and wages.	12	
13	Interest.	13	
14	Taxes.	14	
15	Rents.	15	
16	Depreciation and depletion (See instructions).	16	
17	Other Expenses and Disbursements. Attach schedule.	17	
18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side I, Part I, line 9.	18	

Schedule L		Schedule M-1	
Assets	Liabilities and net worth	Reconciliation of income per books with income per return	Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.
(a)	(b)	(c)	(d)
1	Cash.	22,145.	23,039.
2	Net accounts receivable.		
3	Net notes receivable.		
4	Inventories.		
5	Federal and state government obligations.		
6	Investments in other bonds.		
7	Investments in stock.		
8	Mortgage loans.		
9	Other investments. Attach schedule.		
10a	Depreciable assets.	2,940.	2,940.
b	Less accumulated depreciation.	2,140.	800.
11	Land.		
12	Other assets. Attach schedule.		
13	Total assets.	22,945.	23,839.
14	Accounts payable.		
15	Contributions, gifts, or grants payable.		
16	Bonds and notes payable.		
17	Mortgages payable.		
18	Other liabilities. Attach schedule.		
19	Capital stock or principal fund.	22,945.	22,471.
20	Paid-in or capital surplus. Attach reconciliation.		
21	Retained earnings or income fund.		
22	Total liabilities and net worth.	22,945.	23,839.

1	Net income per books.		
2	Federal income tax.		
3	Excess of capital losses over capital gains.		
4	Income not recorded on books this year.		
5	Expenses recorded on books this year not deducted.		
6	Total. Add line 1 through line 5.		
7	Income recorded on books this year not included in this return. Attach schedule.		
8	Deductions in this return not charged against book income this year.		
9	Total. Add line 7 and line 8.		
10	Net income per return.		
	Subtract line 9 from line 6.		

Attach to Form 100 or Form 100W, FORM 199

Corporation name

TENDER LOVING MERCY

California corporation number

3125458

Part I Election To Expense Certain Property Under IRC Section 179

1	2	3	4	5	6	7	8	9	10	11	12	13		
Maximum deduction under IRC Section 179 for California	Total cost of IRC Section 179 property placed in service	Threshold cost of IRC Section 179 property before reduction in limitation	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	Listed property (elected IRC Section 179 cost)	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	Tentative deduction. Enter the smaller of line 5 or line 8	Carryover of disallowed deduction from prior taxable years	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12
	\$25,000	\$200,000												

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation	
WASHER/DRYER	12/30/2008	316.	316.	S/L	5			
COPIER	12/30/2008	269.	269.	S/L	3			
COMPUTER EQUIPM	8/28/2009	1,555.	1,555.	200DB	5			
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).								

Part III Summary

16 Total: If the corporation is electing IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC section (see instr)	Period or percentage	Amortization for this year	
20 Total. Add the amounts in column (g)							
21 Total amortization claimed for federal purposes from federal Form 4562, line 44							
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12							

4/17/17

Statement 1

Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compensation	Contribution to EBP & DC	Expense Account/Other
TIMOTHY LEWIS MCMAHAN 1424 ZEISS ST OCEANSIDE, CA 92058	President & CEO 40.00	\$ 0.	\$ 0.	0.
Total \$ 0. \$ 0. \$ 0.				

Statement 2
Form 199, Part II, Line 17
Other Expenses

Accounting Fees	1,069.
CLIENT SUPPORT	9,590.
EQUIP RENTAL	229.
Other fees	392.
OUTSIDE CONTRACT SERVICES	4,785.
SUPPLIES	609.
TELEPHONE	3,282.
WORKERS COMP.	234.
Total \$ 20,190.	

Statement 3
Form 199, Schedule L, Line 18
Other Liabilities

AUTO LOAN	583.
PAYROLL	785.
Total \$ 1,368.	