



2015 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant: 20150525

Organization / Agency Information

Organization/Agency Name: <i>Mary's Mercy Center, Inc.</i>			<i>725,000</i>
Physical Address: <i>641 Roberds Avenue</i>		City/State/Zip: <i>San Bernardino CA 92411</i>	
Mailing Address: <i>P.O Box 7563</i>		City/State/Zip: <i>San Bernardino CA 92411</i>	
CEO or Director: <i>Father Michael Barry</i>		Title: <i>Executive Director</i>	
Phone: <i>(909) 889-2558</i>	Fax: <i>(909) 386-7704</i>	Email: <i>muncinc@msn.com</i> <i>mmeinc@msn.com</i>	
Contact Person: <i>Mike Hein</i>		Title: <i>Vice-President/Program Director</i>	
Phone: <i>(909) 889-2558</i>	Fax: <i>(909) 386-7704</i>	Email: <i>mikejhein@yahoo.com</i>	
Web Site Address: <i>www.marysmercycenter.org</i>		Tax ID: <i>33-0632426</i>	

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

Program/Project Name: <i>Veronica's Homes of Mercy</i>			Amount of Grant Requested: <i>\$25,000.00</i>
Total Organization Budget: <i>\$1,015,754</i>	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): <i>84%</i>	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): <i>15%</i>	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): <i>16%</i>
Purpose of Grant Request (one sentence): <i>Provide funding for a one third time case manager, one childcare/van driver 50% and one childcare/school readiness at 50%</i>			
Gimbel Grants Received: List Year(s) and Award Amount(s) <i>Mary's Mercy Center, Inc. has not received funding from the S.L. Gimbel Foundation.</i>			

Signatures

Board President / Chair: (Print name and Title) <i>Father Michael Barry, President</i>	Signature: <i>[Signature]</i>	Date: <i>4/29/15</i>
Executive Director/President: (Print name and Title) <i>Father Michael Barry, CEO</i>	Signature: <i>[Signature]</i>	Date: <i>4/29/15</i>

2015 S.L. Gimbel Foundation APPLICATION

Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$1,272,849.00	\$123,492.00	\$53,383.00	26 to 1

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$270,535.00	\$332,754.00

Notes:

VIII. Application submission check list:

	<u>Submit FOUR (4) Copies: 1 ORIGINAL (WITH ORIGINAL SIGNATURES) and 3 copies, collated and stapled together of the following:</u>		<u>Submit ONE (1) Copy:</u>
X	Completed Grant Application Form (cover sheet, narrative (3 pages maximum), budget and sources of funding, financial analysis page	X	A copy of your current 501(c)(3) letter from the IRS
X	A list of your Board members and their affiliations	X	A copy of your most recent year-end financial statements (audited if available; double-sided)
X	Your current operating budget and the previous year's actual expenses	X	A copy of your most recent 990 (double-sided)
X	Part IX only of the 990 form, Statement of Functional Expenses (one page). If you completed a 990-EZ, fill out the attached Part IX, Functional Expenses of the 990 form using figures from your 990-EZ		
X	For past grantees, a copy of your most recent final report.		

I. Organization Background; Target Population:

A) What is the history, mission and/or purpose of your organization? How long has the organization been providing programs and services to the community?

Mary's Mercy Center (MMC) began its services in September of 1987 with a congregate feeding program called Mary's Table. Since 1987, MMC has been dedicated to bettering the lives of low-income, homeless residents of the Inland Empire, by providing immediate relief of hunger, cleanliness and shelter to homeless women and children to the support and training needed to become self-sufficient. The mission of MMC is to serve all races, creeds and conditions of life, and extending unconditional love, acceptance, and respect to all who come for assistance. Networking with local agencies has empowered MMC to reach out to the poor and powerless of society and help people grow into useful, affirmed people in today's world.

B) What are some of your past organizational accomplishments (last three years)?

During the past three years MMC has:

- Served over 240,000 plates of food to hungry individuals in a respectful manner
- Distributed over 34,000 grocery bags, 3,600 hygiene kits, 2,000 bus passes
- Provided free medical screening for over 2,000 individuals
- Provided shower facilities for thousands
- Met over 1,500 infants' needs for diapers, wipes, formula
- Provided comprehensive housing and educational support to over 300 women and children

C) Key Programs and Activities: MMC provides basic human needs of food, cleanliness, basic medical help, compassion, clothing, human kindness, and guidance, through Mary's Table, the St. Martin de Porres Emergency Food Bag Program, St. Joseph's Clothes Closet, Mary's Children's Program and the Free Medical Clinics. MMC's transitional housing programs, Veronica's Homes of Mercy I-II (VHM) and Casa Merced I-II and III, provide women with children with comprehensive case management, transition plans addressing their in specific family needs, substance abuse treatment, mental health treatment, family reunification, education, nutrition education, parenting classes, independent living skills classes and general support.

Communities Served, Geographic Locations Served, Relevant Statistics: Individuals who come to MMC are from throughout Southern California; however, the majority of MMC's clients are from the central San Bernardino and Riverside communities. Most all of the residents of the VHM are from the City of San Bernardino. With only 12.6% of individuals in San Bernardino County attaining their bachelor's degrees, and 11.2% of the residents of the City of San Bernardino attaining bachelor's degrees, VHM provides support and guidance to an undereducated population. Only 67.7% percent of the population from the City of San Bernardino graduated from high school, while 81.2% of Californians are high school graduates.

II. Project Information: A) Statement of Need 1. Specify the community need you want to address and are seeking funds for. The program will be serving single unwed mothers and their young children who have no other alternative means of housing, food, shelter, and basic needs. All of the residents of VHM were homeless or at-risk of homelessness before coming to the program. Most are trauma-exposed and many are substance abusers. MMC is seeking funding to support the women and children residents of the VHM. Understanding the extensive

needs and support of VHM's clients, MMC is requesting funding for a part-time case manager to assist the women and child residents of VHM in navigating their case management plans.

B) Project Goal, Objectives and Methodology 1. State your project goal. Describe your project. How does your project meet the community need? What is unique and innovative about this project? The overall goal is to increase women's knowledge and skills for employment, education, self-sufficiency and living happy, healthy lives. VHM is a program that provides transitional housing free of substance abuse and domestic violence for single pregnant women and women with young children. Residents at VHM live in a healthy environment where case management, fully furnished living arrangements, child care, transportation, meals, and all basic needs are met. Partnering healthcare agencies receive referrals from our case managers addressing the scope of clients' needs. Employment and educational opportunities and life skill classes are offered to help establish and meet long-term goals.

2. State up to three objectives. Objectives should be specific, measurable, action-oriented, realistic, and time-specific. Specify the activities you will undertake to meet each objective.

Objective I: Within 6 months of intake, VHM parent participants will increase in their knowledge of parenting skills.

Activities: Parent will participate in parenting classes arranged at VHM on a bi-weekly basis; participate in VHM family activities and special events and mentoring; be monitored for progress, by way of in house observations, evaluations by mentor, case manager interviews and assessments.

Objective II: Within 1 year of intake, child participants will have increased positive health and well being.

Activities: Parent will attend MMC sponsored health screening and healthy living choices classes at VHM. Regular doctor's visits and treatments (if applicable) will occur.

Objective III: Within 1 year of intake, parent and child participants will have an increase in independence skills.

Activities: Parent will enroll in and attend GED preparatory classes, high school equivalency courses, community college academic or vocational courses, financial literacy class, job placement, job interview and skills development classes.

3. Who will this grant serve? Describe your target population. How many people will be impacted? VHM will provide case management support to over 80 women and children who are homeless or at-risk of homelessness per year.

4. How does this project relate to other existing projects in the community?

Who else in the community is providing this service or has a similar project? The only other facility like VHM would be Gibson House, however Gibson house serves fewer clients than VHM.

Who are your community partners (if any)? How are you utilizing volunteers?

MMC and VHM have a wide range of partners including: Loma Linda and Cal State Fullerton University School of Nursing; Loma Linda School of Dentistry; Bank of America brings volunteers to teach financial literacy; Inland Behavioral Health provides counseling and treatment; Cal State University Lambda Theta Alpha Latina Sorority visits and does arts, crafts and mentoring. Target Stores sponsors MLK Fix It Day at VHM and helps with facilities maintenance/repairs; this list is quite long of the volunteer force that supports MMC and VHM.

(C) Project Outcomes and Evaluation

1. What are the key anticipated outcomes of the project and impact on participants? The following represent the key anticipated outcomes of project and impact on participants:

- Of the 30 women who enter the program, 24 (80%) will realize individual 30 day goals, thus beginning the road to rehabilitation, recovery and achieving short-term success.
- Of the 30 women who enter the program, 21 (70%) will have enrolled in GED, college, trade school or other post-secondary educational program(s), thus increasing an individuals chances of achieving self-sufficiency.
- Of the 30 women who enter the program, 15 (62.5%) will have successfully completed GED, or received certificate/diploma from college, trade school or other post-secondary educational program(s).

2. How will you know if you have achieved the expected outcomes? Outcomes will be monitored by verification of case manager, evidence of academic/vocational enrollment and/or completion.

3. How will progress towards the objectives be tracked and outcomes measured?

Progress will be tracked within case files, case notes, attendance records, collaborative input, test scores and observations.

D) How will you use the grant funds? Grant funds will be used to pay for a one-third time case manager to assist in assessment, evaluation, referrals and participant support.

III. Project Future

Explain how you will support this project after the grant performance period. Include plans for fundraising or increasing financial support designated for the project. VHM has generous support from private donors, as well as funding from other sources such as Kaiser, Archdiocese, City of San Bernardino. MMC has consultants and advocates who aggressively seek funding.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Describe your board of directors and the role it plays in the organization.

MMC's board members come from a variety of successful management roles. They all came from the ranks of MMC's volunteer force and understand the mission and the population intimately.

B) What committees exist within your board of directors? How does the board of directors make decisions? The board has numerous committees ranging from budget to legal. Board uses the Roberts Rules of Order and reaches decisions by consensus with exhaustive research, review and discussion.

C) Describe the qualifications of key personnel/staff responsible for the project.

Father Michal Barry was ordained in 194 as a member of the sacred hearts of Jesus and Marty Fathers (SS.CC). He graduated from Catholic University of America. Father Barry is the former Director of the Charismatic Renewal Prayer Communities in the San Bernardino Diocese from 1980 to 1999. He also served as Evangelization Director for that Diocese. He was Principal of Mary Star of the Sea High School in San Pedro and served as Provincial of his congregation of the Order, Sacred Hearts of Jesus and Mary. *Mr. Michael Hein*, the Vice-President and Program Director. Mr. Hein has vast experience in upper level management. He was the Regional Operations Manager of Scholastic Book Fairs and was responsible for four Distribution Centers. As the Director of West Coast Distribution of Petco, he was responsible for three Distribution Centers with a \$30 million budget and 315 warehouse employees.

2015 S.L. Gimbel Foundation APPLICATION

VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
TJX	\$5,000.00
Target	\$2,000.00
Arrowhead United Way	\$17,000.00
CDBG	\$11,100.00
Kaiser	\$10,000.00
EFSP	\$41,698.00
Dignity Health	\$25,000.00

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
<i>Sister of Mercy</i>	<i>\$4,000.00</i>	<i>July 2015</i>
<i>Diocese of San Bernardino</i>	<i>\$10,000.00</i>	<i>August 2015</i>
<i>Arrowhead United Way</i>	<i>\$35,000.00</i>	<i>August 2015</i>

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$882,322.00	71	Program Fees	\$11,663.00	1
Fundraising/Special Events	\$106,864.00	9	Interest Income	\$1,332.00	-
Corp/Foundation Grants	\$22,497.00	2	Other:	\$	
Government Grants	\$219,488.00	18	Other:	\$	

Notes:

2015 S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Mary's Mercy Center, Inc.

Most Current Fiscal Year (Dates): From 7/1/2013 To: 6/30/2014

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$1,005,754.00	\$855,680.00	\$149,608.00	\$10,466.00

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	84%	15%	1%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's <u>Current</u> Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
16 %	16 %	0 %

If the differential is above (+) or below (-) 10%, provide an explanation:

**Mary's Mercy Center, Inc.
Board of Directors, 2015**

President Chairman
Father Michael Barry

Vice-President
Michael J. Hein

Secretary
Mary Bradfield

Board Member
Terry Klenske – President Dalton Trucking, Inc.

Board Member
Ellie Klenske – Vice-President Dalton Trucking, Inc.

Board Member
Jerry Hackbarth – Restaurant Owner

Board Member
Nell Hackbarth – Restaurant Owner

Board Member
Sister Maura Freely – Pastoral Administrator

Board Member
Harriet Roggenbuck – Administrative Secretary (retired)

Board Member
John Morrisey – Licensed real-estate broker

Board Member
Honorary Cynthia Ludvigsen - San Bernardino County Superior Court Judge

Board Member
Terry Kent – Director of Marketing, Crestwood Corporation

Board Member
Carl Jones – California State Safety Regulatory Analyst

Board Member
Dena Larson – Housewife

Board Member
Edward Lugo – President, Livestock Operation, Inc.

BUDGET FOR 2013-2014
Complete Chart of Accounts

	Mary's MercyCtr #1	Mary's Table #2	VHM #3	Casa Merced #4	VHM II #5	FEMA #10 mt	First 5 #11 vhm I	CWrks. #12	ESG #13 mt	CDBG #14 franci	HUD #15 vhm I	Bldg. Fund #25	TOTALS
4100 Contributions													
4101 Gen. Donations	450,000	64,451	25,680										540,131
4102 Church Donations	18,209	10,000	8,775										36,984
4103 Arrowh. United Way		9,404	9,983										19,387
4108 Bequests													-
4110 Equipmt. Donations													-
4112 Christm. Gift Card	1,000												1,000
4113 Christm. Bike Prog	12,000												12,000
4120 Building Fund													-
4130 Restricted Funds													-
4140 In-Kind Donations													-
SUB TOTAL	481,209	83,855	44,438	-	-	-	-	-	-	-	-	-	609,502

proof

	30,000	20,000	50,000	4,000	15,000	25,000	157,735	-	-	-	-	-	80,000
4200 Grants													
4201 Grant Income -other	30,000		50,000										80,000
4202 ESG (Emerg. Shelter		20,000		4,000									20,000
4203 Sacrificial Giving							157,735						4,000
4204 First 5 San Bndo													157,735
4205 CDBG		15,000											15,000
4206 FEMA													-
4207 HUD													-
4208 CalWRKs -DV													-
4209 CHW-Cain. Hhh. CW			25,000										25,000
4210 Income Needed													-
													-
													-
SUB TOTAL	30,000	35,000	79,000	-	-	-	157,735	-	-	-	-	-	301,735

proof

	#01	#02	#03	#04	#05	#10	#11	#12	#13	#14	#15	#25 TOTALS
	mmcl	mt	VHM	CM I, II & III	VHM II	fama	First 5	D. Violence	ESSG	CDBG	hud	Blig. Fund
4300 Program Serv.Rev.												
4301 Resident Utilities												
4302 Resident Rents			5,400									5,400
SUB TOTALS			5,400									5,400
												proof

4400 Interest & Dividends

4401 Interest Income	200											200
SUB TOTALS	200											200

4500 Special Events

4501 Ticket Sales	25,000											25,000
4502 Opportunity Baskets	-											-
4503 Silent Auction	1,195											1,195
4504 Sponsorship	35,000											35,000
4505 Donations only	-											-
4506 Almost Live Action	-											-
4507 \$5,000 Raffle	3,000											3,000
4508 Other Raffles	16,680											16,680
4509 Center Pieces	-											-
4510 Misc. Events	-											-
4512 Program Ads	125											125
4513 Misc. Events	-											-
SUB TOTALS	81,000											81,000
												proof

4600 Other Income

4601 Reimbursements	-											-
4602 Transfer-In/Out	-											-
SUB TOTALS	-											-
TOTAL OF SUB TOTALS	592,409	118,855	128,838	-	-	-	-	-	-	-	-	840,102
GRANT INCOMES	-	-	157,735	-	-	-	-	-	-	-	-	157,735
INCOME GRAND TOTALS	592,409	118,855	286,573	-	-	-	-	-	-	-	-	997,837
												proof (157,735)

	#01 mmcd	#02 mt	#03 VHM	#04 CM I, II & III	#05 VHM II	#10 FEMA	#11 First 5	#12 D.Viol.	#13 ESG	#14 CDBG	#15 HUD	#25 TOTALS Bldg.
6600 Emergency Food Assistance												
6601 Food/Staples	596	1,086				18,000						19,682
6602 Powdered Milk		200				2,500						2,700
6603 Papir/plast. Bag/Cont.						4,000						4,000
6020 FEMA Grant Items												-
SUB TOTALS	596	1,286				24,500						26,382

7100 Capital Improvements												
7101 Capital Improvements												-
7102 Men's Shelter												-
SUB TOTALS												-

7200 Building Expansion												
7201 Constr. Bldg. Permits												-
7202 Legal Fees												-
7203 Filing Fees												-
7210 Building Purchases												-
7220 Subcontractor/other												-
SUB TOTALS												-
SUB TOTALS EXPENSES	255,525	219,260	126,350	20,799	48,421	43,500	157,735					896,590
GRANT EXPENSES	-	43,500	157,735									
TOTAL EXPENSES	255,525	262,760	284,085	20,799	48,421			25,000				896,590
TOTAL INCOME	592,409	118,855	286,573									997,837
DIFFERENCE	336,884	(143,905)	2,488	(20,799)	(48,421)			(25,000)				101,247

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	44,057.	36,567.	6,609.	881.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	391,106.	324,619.	58,665.	7,822.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,681.	5,545.	1,002.	134.
10 Payroll taxes	36,408.	30,219.	5,461.	728.
11 Fees for services (non-employees):				
a Management				
b Legal	342.		342.	
c Accounting	22,175.		22,175.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	62,911.	51,387.	11,196.	328.
14 Information technology				
15 Royalties				
16 Occupancy	152,227.	130,233.	21,994.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	160.		160.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,128.	54,509.	9,619.	
23 Insurance	28,633.	23,765.	4,295.	573.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Operating expense</u>	69,073.	69,073.		
b <u>Equipment costs</u>	58,804.	52,758.	6,046.	
c <u>Emergency Food Assistance</u>	33,967.	33,967.		
d <u>Christmas gifts</u>	22,688.	22,688.		
e All other expenses	22,394.	20,350.	2,044.	
25 Total functional expenses. Add lines 1 through 24e	1,015,754.	855,680.	149,608.	10,466.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: NOV 08 1996

MARY'S MERCY CENTER
C/O FATHER MICHAEL BARRY
641 ROBERDS AVE
SAN BERNARDINO, CA 92411

Employer Identification Number:
33-0632426
Case Number:
956234057
Contact Person:
EO CUSTOMER SERVICE
Contact Telephone Number:
(213) 894-2289
Accounting Period Ending:
June 30
Form 990 Required:
Yes
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the

Letter 947 (DO/CG)

-2-

MARY'S MERCY CENTER

Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

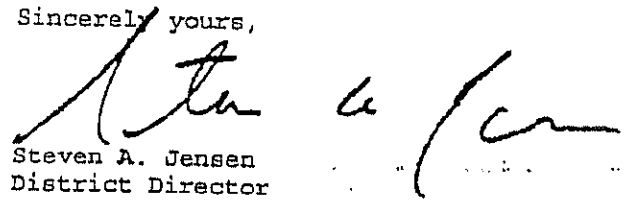
Letter 947 (DO/CG)

-3-

MARY'S MERCY CENTER

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Steven A. Jensen". The signature is written in a cursive style with a large initial "S".

Steven A. Jensen
District Director



The
Community
Foundation

Strengthening Inland Southern California through Philanthropy

S. L. Gimbel Foundation Fund

BOARD OF DIRECTORS

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Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba
President and CEO

July 21, 2015

Father Michael Barry
Executive Director
Mary's Mercy Center Inc.
P.O. Box 7563
San Bernardino, CA 92411

Dear Father Barry:

Congratulations! A grant has been approved for **Mary's Mercy Center Inc.** in the amount of **\$25,000** from the S.L. Gimbel Foundation. The **performance period for this grant is August 1, 2015 to July 31, 2016.** Additional funding beyond the performance period is not guaranteed. It is highly recommended that alternative funding sources be sought accordingly. The grant is to support the following as specified in your proposal:

Veronica's Homes of Mercy: Provide for a case manager (1/3 time), childcare van driver (50%) and childcare school readiness (50%).

This grant is subject to the terms outlined in the enclosed Grant Agreement. After you have reviewed the terms and conditions of the Grant Agreement, please sign and date the enclosed copy and return the original copy to The Community Foundation within the next two weeks. Please retain a copy of the signed agreement for your records. Funds will be released upon receipt of the signed Grant Agreement.

A condition of this grant is that you agree to submit the Grant Evaluation Form which includes a narrative report and fiscal report. The **Grant Evaluation is due by August 15, 2016** and a copy will be available online.

We wish you great success and look forward to working with you during the grant performance period.

If you have any questions, please call me at 951-684-4192 ext. 114 or email me at ccudiamat@thecommunityfoundation.net.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

7966 Mary's Mercy Center Inc.

20150525

GIMB3



Confirmed in Compliance
with National Standards for
U.S. Community Foundations

2015 S.L. Gimbel Foundation Fund

Grant Agreement

Organization: Mary's Mercy Center Inc.

Grant Amount: \$ 25,000 **Grant Number:** 20150525

Grant Period: August 1, 2015 to July 31, 2016 (Evaluations due by August 15, 2016)

Purpose: Veronica's Homes of Mercy: Provide for a case manager (1/3 time), childcare van driver (50%) and childcare school readiness (50%).

1. Use of Grant Funds

Grant funds must be expended within the grant period, for the purpose and objectives described in your grant proposal. Grant funds may not be expended for any other purpose without prior written approval by The Community Foundation. If there are significant difficulties in making use of the funds as specified in your proposal, or if the grant funds cannot be spent within the grant period, notify us in writing promptly.

Formal requests for extensions or variances must be submitted to the Foundation's Board of Directors for approval a minimum of 60 days before the end of the grant period.

Requests for variances or extensions are reviewed on a case-by-case basis and approved by the Board of Directors. If a request is denied, unused funds must be immediately refunded to the Foundation.

2. Payment of Grant Funds

The grant funds will be paid in full by the Foundation upon receipt of the signed Grant Agreement. Challenge grant funds will be paid in full upon receipt of the signed Grant Agreement and upon receipt of documentation providing evidence that condition(s) of the challenge grant has/have been met.

3. Certification and Maintenance of Exempt Organization Status

This grant is specifically conditioned upon Grantee's status as an eligible grantee of The Community Foundation. The Foundation has obtained a copy of the Grantee's IRS determination letter. Grantee confirms that it has not had any change in its tax-exempt status, and shall notify the Foundation immediately of any such change.

4. Final Report and Records

The Grantee will submit the Grant Evaluation report per the deadline set forth in the award letter. This report includes a narrative on outcomes based on goals and objectives set forth in the grant proposal and an expenditure report documenting use of grant funds. If equipment was purchased, copies of receipts need to be included.

5. Grantee's Financial Responsibilities

Grantee will keep records of receipts and expenditures of grant funds and other supporting documentation related to the grant at least four (4) years after completion of the grant and will make such records of receipts, expenditures and supporting documentation available to the Foundation upon request.

6. Publicity

The Community Foundation recommends publicity for the grant and acknowledging The Community Foundation in internal correspondence, brochures as appropriate; newsletters, annual reports and email blasts or e-newsletters.

The credit line of "Made possible in part by a grant from the **"S.L. Gimbel Foundation Advised Fund at The Community Foundation – Inland Southern California"** is suggested. When your donors are listed in printed materials, include the S.L. Gimbel Foundation Advised Fund at The Community Foundation in the appropriate contribution size category. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching our logo is also appreciated. Our logo can be downloaded from our website at www.thecommunityfoundation.net.

7. Indemnification

In the event that a claim of any kind is asserted against the Grantee or the Foundation related to or arising from the project funded by the Grant and a proceeding is brought against the Foundation by reason of such claim, the Grantee, upon written notice from the Foundation, shall, at the Grantee's expense, resist or defend such action or proceeding, at no cost to the Foundation, by counsel approved by the Foundation in writing.

Grantee hereby agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its offices, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission by Grantee, its employees, or agents in applying for or accepting the Grant, in expending or applying the Grant funds or in carrying out any project or program supported by the Grant, except to the extent that such claims, liabilities, losses, and expenses arise from or in connection with any bad faith act or omission by the Foundation, its officers, directors, employees, or agent.

8. Termination

The Community Foundation may terminate this agreement, withhold payments, or both at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement.

9. Limitation of Support

This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.

I have read and agree to the terms and conditions of the Grant Agreement.

Michael Barry
Signature

7-23-2015
Date

Michael Barry
Printed Name

PRESIDENT
Title

Organization: 7966 Mary's Mercy Center Inc.
Grant Number: 20150525

ccf
8/3/15



The
Community
Foundation

Strengthening Inland Southern California through Philanthropy

S. L. Gimbel Foundation Fund

BOARD OF DIRECTORS

August 3, 2015

Philip Savage IV
Chair of the Board

Sean Varner
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Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba
President and CEO

Father Michael Barry
Executive Director
Mary's Mercy Center Inc.
P.O. Box 7563
San Bernardino, CA 92411

Dear Father Barry:

The Community Foundation is pleased to enclose a grant check for **\$25,000** from the S. L. Gimbel Foundation, a component fund at The Community Foundation. By cashing the grant check, you are agreeing to the conditions stated under the *Terms of Grant* which you have signed and returned. The completed Grant Evaluation form is due by August 15, 2016 and will be available online on The Community Foundations website under Grants/Forms. Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

We greatly appreciate any help you can give us in publicizing the grant. **Please use the following credit in any grant announcements or materials funded by the grant: "The (name of project/program) is supported by a grant from The S. L. Gimbel Foundation."** You may send copies of articles printed in local papers, stories in your agency newsletter, annual report, press releases, and other publications for our files.

If you have any questions, please contact me at 951-684-4194.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20150525

39523

GIMB3



Confirmed in Compliance
with National Standards for
U.S. Community Foundations

The Community Foundation
 Strengthening Inland Southern California through Philanthropy
 3700 SIXTH STREET, SUITE 200
 RIVERSIDE, CA 92501
 951-241-7777 / FAX 951-684-1911

CITIZENS BUSINESS BANK
 A Financial Services Company
 3696 Main Street, Riverside, CA 92501
 90-3414-1222

EZShieldSM Check Fraud Protection for Business

39523

PAY * Twenty-Five Thousand and no/100 *

TO THE ORDER OF

DATE

AMOUNT

07/23/2015

\$****25,000.00

Mary's Mercy Center Inc.
 P.O. Box 7563
 San Bernardino, CA 92411



Jonathan Lorenz
 AUTHORIZED SIGNATURE

Security features. Details on back

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7966 Mary's Mercy Center Inc.

07/23/2015 039523

20150525 07/21/2015 Veronica's Homes of Mercy
 GIMB S.L. Gimbel Foundation Advised Fund

25,000.00 25,000.00

CHECK TOTAL: \$****25,000.00

ie Community Foundation

39523

7966 Mary's Mercy Center Inc.

07/23/2015 039523

20150525 07/21/2015 Veronica's Homes of Mercy
 GIMB S.L. Gimbel Foundation Advised Fund

25,000.00 25,000.00

CHECK TOTAL: \$****25,000.00