

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 2024

B Check if applicable: [] Address change [] Name change [] Initial return [] Final return/terminated [] Amended return [] Application pending
C Name of organization MERCY CORPS
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
45 SW ANKENY ST
City or town, state or province, country, and ZIP or foreign postal code
PORTLAND, OR 97204
D Employer identification number 91-1148123
E Telephone number (503) 896-5000
F Name and address of principal officer: CHAD SNELGAR
SAME AS C ABOVE
H(a) Is this a group return for subordinates? [] Yes [x] No
H(b) Are all subordinates included? [] Yes [] No
If "No," attach a list. See instructions.
G Gross receipts \$ 467,250,244

I Tax-exempt status: [x] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

J Website: WWW.MERCYCORPS.ORG H(c) Group exemption number

K Form of organization: [x] Corporation [] Trust [] Association [] Other L Year of formation: 1981 M State of legal domicile: WA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2. Discontinued operations; 3-7a. Voting members and employees; 7b. Net unrelated business taxable income; 8-12. Revenue; 13-19. Expenses; 20-22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer CHAD SNELGAR, CFAO, Date, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name DIANE KIRMACI, Preparer's signature DIANE KIRMACI, Date 01/28/2025, Check [] if self-employed, PTIN P01578407, Firm's name CROWE LLP, Firm's EIN 35-0921680, Firm's address 575 MARKET STREET, SUITE 3300, SAN FRANCISCO, CA 94105-5829, Phone no. (415) 576-1100

May the IRS discuss this return with the preparer shown above? See instructions [x] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

OUR MISSION IS TO ALLEVIATE SUFFERING, POVERTY AND OPPRESSION BY HELPING PEOPLE BUILD SECURE, PRODUCTIVE AND JUST COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 145,216,277 including grants of \$ 79,075,348) (Revenue \$ 362,971)

ECONOMIC OPPORTUNITIES: MERCY CORPS HELPS INCREASE ECONOMIC OPPORTUNITIES AND ENSURES PEOPLE CAN GROW AND SUSTAIN THEIR ASSETS AND INCOME, MAKING MARKETS MORE EFFICIENT, PROFITABLE AND ACCESSIBLE FOR SYSTEMICALLY MARGINALIZED GROUPS AND THOSE LIVING IN POVERTY. TO INCREASE ECONOMIC OPPORTUNITY, MERCY CORPS STRENGTHENS FINANCIAL ECOSYSTEMS, DEVELOPS TECH-ENABLED SOLUTIONS, FACILITATES THE CREATION OF AND ACCESS TO JOBS THAT ARE PROFITABLE, DIGNIFIED, AND SAFE, AND FOSTER OPPORTUNITIES FOR SUSTAINABLE AND PRODUCTIVE ECONOMIC GROWTH THAT MITIGATES THE IMPACT OF CLIMATE CHANGE. THIS YEAR, MERCY CORPS REACHED OVER 19 MILLION PEOPLE THROUGH OVER 130 PROGRAMS ACROSS 38 COUNTRIES WORKING TO INCREASE ECONOMIC OPPORTUNITY.

4b (Code:) (Expenses \$ 91,538,930 including grants of \$ 49,846,153) (Revenue \$ 228,803)

HUMANITARIAN ASSISTANCE - RELIEF: MERCY CORPS HELPS PEOPLE MOST IMPACTED BY CONFLICT AND CLIMATE CHANGE COPE, ADAPT AND THRIVE, SUPPORTING MILLIONS FACING NATURAL AND MAN-MADE DISASTERS BY PROVIDING SUPPORT SUCH AS FOOD, CLEAN WATER, SHELTER AND BASIC HYGIENE TO HELP THEM COPE IN THE MIDST OF CONFLICT, NATURAL DISASTERS AND WEATHER-RELATED INCIDENTS. MERCY CORPS HELPS COMMUNITIES PREPARE FOR AND RESPOND TO HUMANITARIAN NEEDS AS THEY ARISE, WHILE SUPPORTING RECOVERY AND LAYING THE FOUNDATIONS FOR RESILIENCE EVEN IN THE MOST EXTREME HUMANITARIAN SITUATIONS. THIS YEAR, MERCY CORPS PROVIDED HUMANITARIAN ASSISTANCE TO MILLIONS FACING ACUTE AND PROTRACTED EMERGENCIES AROUND THE WORLD, INCLUDING IN SUDAN, GAZA, HAITI - REACHING 37.6 MILLION PEOPLE ACROSS PROGRAMS.

4c (Code:) (Expenses \$ 61,714,445 including grants of \$ 33,605,676) (Revenue \$ 154,256)

PEACE AND GOOD GOVERNANCE (CIVIL SOCIETY AND EDUCATION): MERCY CORPS SUPPORTS PEOPLE AND COMMUNITIES TO REDUCE AND PREVENT VIOLENCE, CONTRIBUTE TO ADVANCING SUSTAINABLE PEACE, AND PARTICIPATING MEANINGFULLY IN CIVIL SOCIETY AND INCLUSIVE AND RESPONSIVE GOVERNANCE SYSTEMS. BY SEQUENCING, LAYERING, AND INTEGRATING OUR PEACE, HUMANITARIAN, AND DEVELOPMENT ASSISTANCE, WE HELP ADVANCE PEACE AND PROMOTE INCLUSIVE, RESPONSIVE GOVERNANCE PROCESSES, THAT ENABLE COMMUNITIES - AND THE MOST MARGINALIZED WITHIN THEM - TO COPE, ADAPT, AND THRIVE. THIS YEAR, MERCY CORPS REACHED OVER 14 MILLION PEOPLE WITH PEACE AND GOOD GOVERNANCE PROGRAMS ACROSS 29 COUNTRIES.

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

(Expenses \$ 63,761,593 including grants of \$ 34,720,420) (Revenue \$ 159,374)

4e Total program service expenses 362,231,245

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	620		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country <u>AF, UV, BM, CT, CO, (CONTINUED ON SCHEDULE O)</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<input checked="" type="checkbox"/>	
16b		<input checked="" type="checkbox"/>	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
LISA NEVITT, 45 SW ANKENY ST, PORTLAND, OR 97204, (503) 896-5000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TJADA D'OYEN MCKENNA CHIEF EXECUTIVE OFFICER	40.0	✓		✓			527,768	0	22,535	
(2) JENNIFER SIME CHIEF OPERATING OFFICER	40.0			✓			330,131	0	21,761	
(3) NDUBISI ANYANWU COUNTRY DIRECTOR	40.0					✓	317,258	0	18,552	
(4) CHAD SNELGAR CFAO & CORPORATE TREASURER	40.0			✓			301,884	0	10,533	
(5) ALLISON HUGGINS DEPUTY REG DIR, PGRM - EAST & SOUTHERN AFRICA	40.0					✓	288,826	0	16,658	
(6) SANJEEV SAHGAL CHIEF PEOPLE OFFICER	40.0					✓	270,905	0	25,974	
(7) STEVE LINICK CHIEF ETHICS & COMPLIANCE OFFICER	40.0					✓	273,353	0	17,184	
(8) ALEXA HOLMES GENERAL COUNSEL & CORPORATE SECRETARY	40.0			✓			270,946	0	19,523	
(9) MARY STATA CHIEF DEVELOPMENT OFFICER	40.0					✓	260,752	0	20,238	
(10) PETER LEWIS CHIEF MARKETING & COMMUNICATIONS OFFICER	40.0					✓	250,037	0	18,365	
(11) WHITNEY LAINE ELMER VICE PRESIDENT - EMERGENCY RESPONSE	40.0					✓	245,349	0	21,028	
(12) HUGH APRILE REGIONAL DIR, LATIN AMERICA AND THE CARIBBEAN	40.0					✓	231,710	0	20,969	
(13) KATHERINE PHILLIPS-BARRASSO VICE PRESIDENT - POLICY AND ADVOCACY	40.0					✓	227,958	0	15,314	
(14) SHANNON M ALEXANDER SWEET VICE PRESIDENT - GLOBAL PROGRAM SUPPORT	40.0					✓	217,295	0	16,124	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOSHUA TAYLOR DEWALD VICE PRESIDENT - EVIDENCE AND LEARNING	40.0				✓		203,288	0	16,314	
(16) MINDY MASCHMEYER VICE PRESIDENT, MARKETING	40.0				✓		196,763	0	14,496	
(17) SANJAY GURUNG VICE PRESIDENT - TECHNICAL RESOURCES & QUALITY	40.0				✓		188,855	0	14,347	
(18) ANDREW MORGAN DEPUTY GENERAL COUNSEL & ASSISTANT CORPORATE SECRETARY	40.0			✓			170,366	0	13,305	
(19) JEREMY R SNYDER VICE PRESIDENT, HIGH IMPACT PHILANTHROPY	40.0				✓		167,367	0	14,348	
(20) SONIA DELMAN ASSOCIATE GENERAL COUNSEL & ASSISTANT CORPORATE SECRETARY	40.0			✓			167,331	0	5,965	
(21) NICOLE CRITES PROJECT MANAGER - O CEO & CORPORATE SECRETARY (PARTIAL YEAR)	40.0			✓			87,692	0	8,933	
(22) LUCY HELM BOARD MEMBER CHAIR	10.0	✓					0	0	0	
(23) BECCA VAN DYCK BOARD MEMBER	8.0	✓					0	0	0	
(24) CECILY JOSEPH BOARD MEMBER	10.0	✓					0	0	0	
(25) (SEE STATEMENT)										
1b Subtotal							5,195,834	0	352,466	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							5,195,834	0	352,466	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 180

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
STOEL RIVES LLP, 301 E 4TH STREET, 19TH FLOOR, CINCINNATI, OH 45202	LEGAL SERVICES	996,092
PLANET TECHNOLOGIES, INC., 9801 WASHINGTONIAN BLVD, SUITE 360, GAITHERSBURG, MD 20878	DATA MIGRATION	895,905
CHEMAYEFF&GEISMAR&HAVIV, LLC, 27 WEST 24TH STREET, SUITE 900, NEW YORK, NY 10010	BRAND DEVELOPMENT PROJECT	722,709
KONTERRA GROUP LLC, 700 12TH STREET, NW, SUITE 700, WASHINGTON, DC 20005	MENTAL HEALTH SERVICES	458,966
DALBERG CONSULTING US LLC, 155 WEST 23RD ST., 6TH FLOOR, NEW YORK, NY 10011	CONSULTING SERVICES	450,967
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	22	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 0						
	b	Membership dues	1b 0						
	c	Fundraising events	1c 0						
	d	Related organizations	1d 0						
	e	Government grants (contributions)	1e 320,029,027						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 131,804,720						
	g	Noncash contributions included in lines 1a-1f	1g \$ 6,302,142						
	h	Total. Add lines 1a-1f		451,833,747					
	Program Service Revenue				Business Code				
2a		PROGRAM ACTIVITIES REVENUE	900099	890,833	890,833	0	0		
b		LOAN INTEREST AND FEES	525990	14,571	14,571	0	0		
c				0	0	0	0		
d				0	0	0	0		
e				0	0	0	0		
f		All other program service revenue . .		0	0	0	0		
g		Total. Add lines 2a-2f		905,404					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,538,424	0	0	12,538,424		
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0		
	5	Royalties		0	0	0	0		
	6a	Gross rents	(i) Real (ii) Personal						
			6a	0	0				
			b	Less: rental expenses	6b 0	0			
			c	Rental income or (loss)	6c 0	0			
	d	Net rental income or (loss)		0	0	0	0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other						
			7a	1,238,770	533,789				
			b	Less: cost or other basis and sales expenses	7b 1,226,627	488,175			
			c	Gain or (loss)	7c 12,143	45,614			
	d	Net gain or (loss)		57,757	0	0	57,757		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18							
			8a	0					
			b	Less: direct expenses	8b 0				
	c	Net income or (loss) from fundraising events		0		0	0		
9a	Gross income from gaming activities. See Part IV, line 19								
		9a	0						
		b	Less: direct expenses	9b 0					
c	Net income or (loss) from gaming activities		0	0	0	0			
10a	Gross sales of inventory, less returns and allowances								
		10a	0						
		b	Less: cost of goods sold	10b 0					
c	Net income or (loss) from sales of inventory		0	0	0	0			
Miscellaneous Revenue				Business Code					
	11a	OTHER REVENUE	900099	200,110	0	44,000	156,110		
	b			0	0	0	0		
	c			0	0	0	0		
	d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d			200,110					
12	Total revenue. See instructions			465,535,442	905,404	44,000	12,752,291		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	475,000	475,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,079,911	1,079,911		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	195,692,687	195,692,687		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,528,386	218,541	3,074,009	235,836
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	120,711,932	74,459,312	39,731,810	6,520,810
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,154,809	382,527	2,383,229	389,053
9 Other employee benefits	43,520,573	26,233,707	14,917,323	2,369,543
10 Payroll taxes	4,799,370	841,299	3,416,472	541,599
11 Fees for services (nonemployees):				
a Management				
b Legal	2,397,297	468,026	1,670,217	259,054
c Accounting	442,865	101,885	340,980	
d Lobbying	13,168			13,168
e Professional fundraising services. See Part IV, line 17	1,815,825			1,815,825
f Investment management fees	14,791		14,791	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	19,680,309	9,815,844	8,634,552	1,229,913
12 Advertising and promotion	3,161,825	673,655	57,842	2,430,328
13 Office expenses	13,901,316	5,922,628	4,516,496	3,462,192
14 Information technology	6,130,892	2,296,932	3,494,973	338,987
15 Royalties				
16 Occupancy	5,014,517	7,231,604	(2,367,385)	150,298
17 Travel	21,228,317	16,248,247	4,488,786	491,284
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	200,142	(11,219)	172,301	39,060
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,658,525	1,799,178	703,375	155,972
23 Insurance	1,217,884	75,681	1,071,983	70,220
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>OTHER CONTRACTS</u>	12,877,472	12,693,092	172,897	11,483
b <u>OTHER OP COSTS</u>	4,685,823	689,567	3,972,060	24,196
c <u>EQUIPMENT & VEHICLES</u>	2,862,618	2,862,618	0	0
d <u>BANK AND OTHER FEES</u>	2,609,657	1,494,848	664,239	450,570
e All other expenses	1,210,855	485,675	682,054	43,126
25 Total functional expenses. Add lines 1 through 24e	475,086,766	362,231,245	91,813,004	21,042,517
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)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	50,710,420	1	42,588,800
	2 Savings and temporary cash investments	79,731,887	2	103,099,686
	3 Pledges and grants receivable, net	54,544,780	3	41,054,689
	4 Accounts receivable, net	3,328,176	4	6,073,785
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	236,011	7	0
	8 Inventories for sale or use	31,576	8	751,153
	9 Prepaid expenses and deferred charges	6,236,283	9	6,380,655
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 62,121,947		
	b Less: accumulated depreciation	10b 38,573,830	24,633,944	10c 23,548,117
	11 Investments—publicly traded securities	11,144,830	11	8,383,818
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	16,356,305	13	24,299,052
	14 Intangible assets	1,361,070	14	1,361,018
	15 Other assets. See Part IV, line 11	34,792,812	15	39,069,308
16 Total assets. Add lines 1 through 15 (must equal line 33)	283,108,094	16	296,610,081	
Liabilities	17 Accounts payable and accrued expenses	73,244,805	17	56,807,771
	18 Grants payable	0	18	0
	19 Deferred revenue	77,549,984	19	116,285,559
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	15,466	21	16,296
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	5,265,348	23	4,588,589
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	10,820,180	25	9,948,893
	26 Total liabilities. Add lines 17 through 25	166,895,783	26	187,647,108
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	94,984,219	27	93,515,349
	28 Net assets with donor restrictions	21,228,092	28	15,447,624
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	116,212,311	32	108,962,973
33 Total liabilities and net assets/fund balances	283,108,094	33	296,610,081	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	465,535,442
2	Total expenses (must equal Part IX, column (A), line 25)	2	475,086,766
3	Revenue less expenses. Subtract line 2 from line 1	3	(9,551,324)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,212,311
5	Net unrealized gains (losses) on investments	5	1,140,199
6	Donated services and use of facilities	6	1,457,984
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(296,197)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	108,962,973

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) EMMANUEL LULIN ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(26) FARAH PANDITH ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(27) JOHN MAKINSON ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(28) KITO DE BOER ----- BOARD MEMBER	8.0 -----	✓						0	0	0
(29) KOFI TAHA ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(30) KRISTIN MANNION ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(31) LESLEY NDLOVU ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(32) MELANIE THOMAS ARMSTRONG ----- BOARD MEMBER	10.0 -----	✓						0	0	0
(33) PAUL SONG ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(34) VIJAYA GADDE ----- BOARD MEMBER	10.0 -----	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization MERCY CORPS	Employer identification number 91-1148123
--	---

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).)
- 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 33¹/₃% 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 33¹/₃% 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 on 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 distribution 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 (described on lines 1-10 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)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	321,739,813	352,864,149	420,534,934	517,520,733	452,483,747	2,065,143,376
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	321,739,813	352,864,149	420,534,934	517,520,733	452,483,747	2,065,143,376
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						51,912,739
6 Public support. Subtract line 5 from line 4						2,013,230,637

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	321,739,813	352,864,149	420,534,934	517,520,733	452,483,747	2,065,143,376
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	548,728	169,622	169,126	2,092,742	12,538,424	15,518,642
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	102,500	6,000	11,620	44,000	164,120
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	129,196	190,818	23,519	43,025	156,110	542,668
11 Total support. Add lines 7 through 10						2,081,368,806
12 Gross receipts from related activities, etc. (see instructions)					12	8,624,631
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	96.73 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.09 %
16a 33 1/3% support test—2023. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test—2022. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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

	Yes	No
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

	Yes	No
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 on line 2, above, 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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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.	Yes	No
2a		
b Did the activities described on line 2a, above, 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 position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .		
3a		
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.		
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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

Provide the explanations required by Part II, 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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER	127,420	190,805	23,519	43,025	156,110	540,879
	(2) SALE OF INVENTORY	1,776	13	0	0	0	1,789
	Total	129,196	190,818	23,519	43,025	156,110	542,668

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization MERCY CORPS

Employer identification number 91-1148123

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MERCY CORPS	Employer identification number 91-1148123
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 248,462,314	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 11,256,509	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 10,441,440	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 15,949,291	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 14,031,730	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 9,536,280	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

MERCY CORPS

Employer identification number

91-1148123

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization MERCY CORPS	Employer identification number 91-1148123
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization MERCY CORPS	Employer identification number 91-1148123
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	2,440	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	10,728	0												
c	Total lobbying expenditures (add lines 1a and 1b)	13,168	0												
d	Other exempt purpose expenditures	362,218,078	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	362,231,246	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	57,689	19,151	11,042	13,168	101,050
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	51,801	19,151	3,081	2,440	76,473

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and donor advisement questions.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collection reporting and financial gain reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations? Yes No
- (ii)** Related organizations? Yes No

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,534,266		2,534,266
b Buildings		29,561,591	11,045,266	18,516,325
c Leasehold improvements		1,757,943	1,167,060	590,883
d Equipment		7,615,324	7,175,677	439,647
e Other		20,652,823	19,185,827	1,466,996
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				23,548,117

Part VII Investments—Other Securities

Complete if the organization answered “Yes” on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments—Program Related

Complete if the organization answered “Yes” on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MICROFINANCE INVESTMENTS	13,639,739	COST
(2) OTHER INVESTMENTS	10,659,313	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .	24,299,052	

Part IX Other Assets

Complete if the organization answered “Yes” on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	27,936,588
(2) FINANCIAL INSTRUMENTS	191,671
(3) ROU ASSETS	10,941,049
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	39,069,308

Part X Other Liabilities

Complete if the organization answered “Yes” on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	508,311
(3) LEASE LIABILITY	9,440,582
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	9,948,893

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

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

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	MERCY CORPS IS A CUSTODIAL AGENT OF DONATIONS RECEIVED BY MERCY CORPS ON BEHALF OF A TRUST CREATED FOR THE BENEFIT OF A WOMAN IN PAKISTAN. THE FUNDS RECEIVED ARE FOR HER USE AND RECORDED AS A LIABILITY ON MERCY CORPS BOOKS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE ORGANIZATION HAD BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING SECTIONS OF THE STATE OF WASHINGTON PROVISIONS AS A PUBLICLY SUPPORTED ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION.</p> <p>U.S. GAAP REQUIRES MERCY CORPS' MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY MERCY CORPS AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF MERCY CORPS HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS). MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN BY MERCY CORPS AND HAS CONCLUDED THAT AS OF JUNE 30, 2024, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. MERCY CORPS IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO IRS AUDITS FOR ANY TAX PERIOD.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	10	127	PROGRAM SERVICES	(SEE STATEMENT)	8,080,893
(2) EAST ASIA AND THE PACIFIC	10	158	PROGRAM SERVICES	(SEE STATEMENT)	10,448,676
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	13	206	PROGRAM SERVICES	(SEE STATEMENT)	115,849
(4) MIDDLE EAST AND NORTH AFRICA	42	1,051	PROGRAM SERVICES	(SEE STATEMENT)	49,594,403
(5) RUSSIA AND NEIGHBORING STATES	17	349	PROGRAM SERVICES	NURTURE ECONOMIC AND CIVIL SOCIETY DEVELOPMENT AT THE COMMUNITY LEVEL WHILE CHECKING AND/OR REVERSING A SLIDE TOWARD MORE AUTOCRATIC SYSTEM OF BUSINESS AND GOVERNMENT.	22,701,707
(6) SOUTH AMERICA	8	300	PROGRAM SERVICES	(SEE STATEMENT)	17,494,115
(7) SOUTH ASIA	10	505	PROGRAM SERVICES	(SEE STATEMENT)	13,187,673
(8) SUB-SAHARAN AFRICA	107	2,727	PROGRAM SERVICES	(SEE STATEMENT)	128,736,278
(9) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		392,388
(10) EAST ASIA AND THE PACIFIC			INVESTMENTS		41,442
(11) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		22,733
(12) RUSSIA AND NEIGHBORING STATES			INVESTMENTS		13,639,739
(13) SOUTH ASIA			INVESTMENTS		212,693
(14) SUB-SAHARAN AFRICA			INVESTMENTS		2,702,228
(15) CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		94,180
(16) EAST ASIA AND THE PACIFIC			GRANTMAKING		5,327,133
(17) (SEE STATEMENT)					
3a Subtotal	217	5,423			272,792,130
b Total from continuation sheets to Part I	0	0			96,089,177
c Totals (add lines 3a and 3b)	217	5,423			368,881,307

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 152

3 Enter total number of other organizations or entities 250

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CASH TRANSFERS	CENTRAL AMERICA AND THE CARIBBEAN	40,340	2,339,889	CASH			
(2) CASH VOUCHERS	CENTRAL AMERICA AND THE CARIBBEAN	4,500	1,183,024	CASH			
(3) CASH TRANSFERS	EAST ASIA AND THE PACIFIC	56,147	4,942,891	CASH			
(4) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	32,432	7,090,779	CASH			
(5) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	120	100,345	CASH			
(6) CASH VOUCHERS	MIDDLE EAST AND NORTH AFRICA	813	18,400	CASH			
(7) CASH TRANSFERS	RUSSIA AND NEIGHBORING STATES	15,081	4,174,668	CASH			
(8) CASH TRANSFERS	SOUTH AMERICA	180,256	4,304,141	CASH			
(9) CASH TRANSFERS	SOUTH ASIA	26,845	2,135,368	CASH			
(10) CASH TRANSFERS	SUB-SAHARAN AFRICA	416,935	8,773,172	CASH			
(11) CASH FOR WORK	SUB-SAHARAN AFRICA	5,164	270,707	CASH			
(12) CASH VOUCHERS	SUB-SAHARAN AFRICA	439,994	9,291,331	CASH			
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part I**Activities per Region** (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		12,383,830
(18) RUSSIA AND NEIGHBORING STATES			GRANTMAKING		9,838,961
(19) SOUTH AMERICA			GRANTMAKING		15,933,495
(20) SOUTH ASIA			GRANTMAKING		6,358,991
(21) SUB-SAHARAN AFRICA			GRANTMAKING		51,573,900

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SUB-SAHARAN AFRICA	STRATEGIC ASSISTANCE FOR EMERGENCY RESPONSE AND PROVIDING ASSISTANCE TO COMMUNITIES IN EASTERN DRC.	12,023,767	EFT/WIRE			
(2)		RUSSIA AND NEIGHBORING STATES	MEET EMERGENCY BASIC NEEDS AND PROVIDE PROTECTION ASSISTANCE TO IDPS AND CONFLICT-AFFECTED PEOPLE IN UKRAINE WITHOUT MEANS OF SUBSISTENCE.	5,221,654	EFT/WIRE			
(3)		MIDDLE EAST AND NORTH AFRICA	INFORMAL LIVELIHOODS ADVANCEMENT ACTIVITY.	3,446,673	EFT/WIRE			
(4)		SOUTH ASIA	CONTRIBUTING TOWARDS TUBERCULOSIS (TB) CONTROL IN THE COUNTRY, EXPANSION IN EXISTING TB CONTROL INTERVENTIONS AND GEOGRAPHICAL AREA, INTRODUCTION OF NEW INTERVENTIONS TO FIND MISSING TB CASES.	2,744,327	EFT/WIRE			
(5)		MIDDLE EAST AND NORTH AFRICA	TRANSFORM VULNERABLE YOUTH INTO PRODUCTIVE, CONTRIBUTING CITIZENS WHO ARE CONNECTED TO THEIR COMMUNITIES.	2,535,495	EFT/WIRE			
(6)		SUB-SAHARAN AFRICA	BUILD RESILIENCE AND PREVENT OR REDUCE VIOLENT EXTREMISM, ITS GOAL IS TO EQUIP VULNERABLE YOUNG WOMEN AND MEN IN NIGER WITH TECHNICAL AND LIFE SKILLS, NETWORKS, AND CAPITAL FOR INCREASED STRATEGIC ECONOMIC OPPORTUNITIES.	2,358,135	EFT/WIRE			
(7)		SUB-SAHARAN AFRICA	DROUGHT RESPONSE AND FAMINE PREVENTION PROGRAM.	2,346,020	EFT/WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(8)		SUB-SAHARAN AFRICA	PROGRAM FOR THE DEVELOPMENT OF EASTERN CONGO.	2,275,717	EFT/WIRE			
(9)		SOUTH ASIA	CONTRIBUTION TOWARDS ACHIEVING THE TARGETS OF NATIONAL STRATEGIC PLAN FOR TUBERCULOSIS PREVENTION, CARE AND CONTROL IN PAKISTAN	2,149,118	EFT/WIRE			
(10)		MIDDLE EAST AND NORTH AFRICA	PROMOTING THE VOICE AND LEADERSHIP OF WOMEN.	1,874,902	EFT/WIRE			
(11)		EUROPE (INCLUDING ICELAND AND GREENLAND)	MEET THE IMMEDIATE NEEDS OF VULNERABLE, CONFLICT-AFFECTED PEOPLE WHO RELOCATED TO POLAND AS A RESULT OF THE WAR IN UKRAINE.	1,725,693	EFT/WIRE			
(12)		SUB-SAHARAN AFRICA	DEVELOPMENT FOOD SECURITY ACTIVITY PROGRAM FOR RESILIENT SYSTEMS.	1,707,781	EFT/WIRE			
(13)		SUB-SAHARAN AFRICA	ENABLE INDIVIDUALS AND COMMUNITIES TO ENGAGE IN STRONG AND SUSTAINABLE MARKET SYSTEM.	1,581,236	EFT/WIRE			
(14)		SUB-SAHARAN AFRICA	RESILIENCE IN PASTORAL AREAS.	1,224,274	EFT/WIRE			
(15)		MIDDLE EAST AND NORTH AFRICA	PROVIDE ACCESS TO INCLUSIVE AND QUALITY EDUCATION TO CHILDREN ENROLLED IN EARLY CHILDHOOD CARE AND DEVELOPMENT, PRIMARY (FORMAL AND NON-FORMAL SETTINGS), AND SECONDARY EDUCATION.	1,125,638	EFT/WIRE			
(16)		SUB-SAHARAN AFRICA	HIGHLANDS RESILIENCE ACTIVITY (HRA)	934,642	EFT/WIRE			
(17)		EAST ASIA AND THE PACIFIC	INVESTING IN HUMAN CAPITAL FOR DISASTER MANAGEMENT IN INDONESIA.	884,721	EFT/WIRE			
(18)		MIDDLE EAST AND NORTH AFRICA	EMERGENCY RESPONSE, RECOVERY, AND RESILIENCE IN NORTHEAST SYRIA (ER3)	844,440	EFT/WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(19)		SOUTH AMERICA	IMPROVING THE LIVELIHOODS AND LIVING CONDITIONS OF RURAL FARMING FAMILIES BY ADDRESSING THE INTEGRAL NEEDS OF RURAL PEOPLE IN COCA-PRODUCING ZONES.	832,753	EFT/WIRE			
(20)		EAST ASIA AND THE PACIFIC	MANAGING RISKS THROUGH ECONOMIC DEVELOPMENT.	830,702	EFT/WIRE			
(21)		SUB-SAHARAN AFRICA	TO INCREASE ENROLLMENT AND ATTENDANCE FOR VULNERABLE AND UNDERSERVED SCHOOL-AGE CHILDREN	803,138	EFT/WIRE			
(22)		SUB-SAHARAN AFRICA	BUILD RESILIENCE AND PREVENT OR REDUCE VIOLENT EXTREMISM, ITS GOAL IS TO EQUIP VULNERABLE YOUNG WOMEN AND MEN IN NIGER WITH TECHNICAL AND LIFE SKILLS, NETWORKS, AND CAPITAL FOR INCREASED STRATEGIC ECONOMIC OPPORTUNITIES.	668,883	EFT/WIRE			
(23)		EAST ASIA AND THE PACIFIC	ENHANCING FOOD AND NUTRITION SECURITY IN CENTRAL AND NORTHERN RAKHINE (ENSURE)	618,881	EFT/WIRE			
(24)		SOUTH ASIA	USDA FOOD FOR EDUCATION	609,726	EFT/WIRE			
(25)		SOUTH AMERICA	ADVANCING THE FUTURE OF VENEZUELAN REFUGEES IN COLOMBIA 2023-2024	585,472	EFT/WIRE			
(26)		SUB-SAHARAN AFRICA	GRADUATING TO SUSTAINABLE AGRICULTURE, INCOME, NUTRITION AND FOOD SECURITY	566,845	EFT/WIRE			
(27)		SOUTH ASIA	BUILD THE CAPACITY OF LOCAL GOVERNMENTS AND SCHOOLS TO PROCURE FOODS AND ENSURE THE PROVISION OF DIVERSIFIED AND NUTRITIOUS MEALS IN AN	552,136	EFT/WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			APPROPRIATE AND SUSTAINABLE MANNER.					
(28)		RUSSIA AND NEIGHBORING STATES	SUPPORT REFUGEES AND IDPS FLEEING THE CONFLICT IN UKRAINE.	528,695	EFT/WIRE			
(29)		SUB-SAHARAN AFRICA	TO ACCELERATE THE SUCCESS OF AGTECH, CLIMATETECH AND FINTECHS WORKING TO TRANSFORM AGRICULTURAL MARKETS IN THE GLOBAL SOUTH	423,270	EFT/WIRE			
(30)		MIDDLE EAST AND NORTH AFRICA	TO SUPPORT IRAQI CSOS TO COLLECTIVELY EXPAND THEIR ABILITY TO INFLUENCE DECISION-MAKING PROCESSES IN IRAQ	400,978	EFT/WIRE			
(31)		SUB-SAHARAN AFRICA	STRENGTHEN THE INDIVIDUAL AND COLLECTIVE CAPACITY OF WOMEN'S PEACEBUILDING CIVIL SOCIETY ORGANIZATIONS TO ADVANCE GENDER TRANSFORMATIV E SOLUTIONS FOR PEACE.	333,278	EFT/WIRE			
(32)		RUSSIA AND NEIGHBORING STATES	PREVENT AND RESPOND TO GENDER-BASED VIOLENCE AND THE OVERLAP WITH VIOLENT EXTREMISM IN THEIR LOCAL COMMUNITIES, COUNTRIES, AND THE SOUTH CAUCASUS REGION.	328,373	EFT/WIRE			
(33)		MIDDLE EAST AND NORTH AFRICA	PEACEBUILDING THROUGH AN INCLUSIVE SOCIAL ACTION MODEL - PEACE AND STABILIZATION OPERATIONS PROGRAM	321,231	EFT/WIRE			
(34)		SUB-SAHARAN AFRICA	COMMUNITY INITIATIVE TO PROMOTE PEACE.	303,834	EFT/WIRE			
(35)		SUB-SAHARAN AFRICA	CONDUCT YOUTH PROGRAMMING IN MAURITANIA THAT CONTRIBUTES TO BUILDING THE CAPACITY OF YOUTH IN ORDER TO BUILD THEIR ASSETS, AGENCY,	297,818	EFT/WIRE			

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			CONTRIBUTION AND RESILIENCE THROUGH A YOUTH-INCLUSIVE APPROACH.					
(36)		SUB-SAHARAN AFRICA	COLLABORATION ACROSS LOCAL, INTERNATIONAL, GOVERNMENT, NON-GOVERNMENT, COMMUNITY, STATE, AND SECURITY STAKEHOLDERS TO INCREASE THE EFFECTIVENESS, LOCAL OWNERSHIP, AND SUSTAINABILITY OF AN INCLUSIVE EARLY WARNING AND EARLY RESPONSE SYSTEM FOR IMPROVED VIOLENCE PREVENTION.	289,169	EFT/WIRE			
(37)		EAST ASIA AND THE PACIFIC	EMERGENCY ASSISTANCE TO DISPLACED POPULATIONS IN SOUTHEAST OF BURMA	286,707	EFT/WIRE			
(38)		SUB-SAHARAN AFRICA	SUPPORT INCLUSIVE BUNDLED DIGITAL FARMER SERVICES INCLUDING CLIMATE-SMART SERVICES, FINANCIAL SERVICES, INSURANCE AND MARKET LINKAGES FOR SMALLHOLDERS, PARTICULARLY WOMEN.	273,234	EFT/WIRE			
(39)		EAST ASIA AND THE PACIFIC	EMERGENCY ASSISTANCE TO COMMUNITIES AFFECTED BY CYCLONE MOCHA IN THE NORTHWEST OF BURMA	271,056	EFT/WIRE			
(40)		SOUTH ASIA	INCORPORATE TECHNOLOGY IN FINDING AND REPORTING MORE TUBERCULOSIS (TB) CASES, TB PATIENT FOLLOW-UP, AND TREATMENT ADHERENCE IN THE PRIVATE SECTOR THROUGH DIGITALIZATION.	263,928	EFT/WIRE			
(41)		EAST ASIA AND THE PACIFIC	EMPOWERING WOMEN IN COFFEE ORIGIN COMMUNITIES	249,244	EFT/WIRE			
(42)		RUSSIA AND	UA RRM PRIVATE	245,548	EFT/WIRE			

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		NEIGHBORING STATES	POOLED FUNDS					
(43)		MIDDLE EAST AND NORTH AFRICA	INTEGRATED LIVELIHOODS AND LEGAL ASSISTANCE PATHWAYS IN IRAQ	233,582	EFT/WIRE			
(44)		SOUTH AMERICA	EXPANSION BREWING CHANGE: WOMEN'S EMPOWERMENT PHASE III IN COLOMBIA	231,818	EFT/WIRE			
(45)		EAST ASIA AND THE PACIFIC	BREWING CHANGE: EMPOWERING WOMEN IN INDONESIA COFFEE ORIGIN COMMUNITIES	218,761	EFT/WIRE			
(46)		SOUTH AMERICA	PORTIERRA EXPANSION 2022-2026	213,804	EFT/WIRE			
(47)		EAST ASIA AND THE PACIFIC	IMPROVED WORKFORCE AND EMPLOYMENT READINESS THROUGH TECHNOLOGICAL DIGITAL LITERACY AND POST SALES SERVICES SKILLS (WEDARI)	209,557	EFT/WIRE			
(48)		RUSSIA AND NEIGHBORING STATES	UKRAINE AGRICULTURAL SUPPORT PROGRAM	200,731	EFT/WIRE			
(49)		SUB-SAHARAN AFRICA	SUPPORT FOR LOCAL INITIATIVES TO PROMOTE PEACE.	203,820	EFT/WIRE			
(50)		RUSSIA AND NEIGHBORING STATES	DONATIONS RESPONDING TO UKRAINE RESPONSE	180,246	EFT/WIRE			
(51)		EAST ASIA AND THE PACIFIC	SEED 4 WOMEN III: WOMEN SMALL BUSINESSES ECONOMIC EMPOWERMENT INITIATIVE	173,934	EFT/WIRE			
(52)		SUB-SAHARAN AFRICA	SUPPORT FOR LOCAL INITIATIVES TO PROMOTE PEACE.	160,635	EFT/WIRE			
(53)		SOUTH AMERICA	ADVANCING THE FUTURE OF VENEZUELAN REFUGEES IN COLOMBIA	155,304	EFT/WIRE			
(54)		SUB-SAHARAN AFRICA	TRANSITIONING HOUSEHOLDS TO RESILIENCE FROM VULNERABILITY.	151,992	EFT/WIRE			
(55)		SUB-SAHARAN AFRICA	DELIVERING RESILIENT ENTERPRISES AND MARKET SYSTEMS FOR REFUGEES.	148,662	EFT/WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(56)		RUSSIA AND NEIGHBORING STATES	ADVANCING THE FUTURE OF VENEZUELAN REFUGEES IN COLOMBIA	140,364	EFT/WIRE			
(57)		MIDDLE EAST AND NORTH AFRICA	FOR HUMANITARIAN AID IN THE WAKE OF THE FEBRUARY 6,2023,EARTHQUAKE IN THE MIDDLE EAST, SPECIFICALLY SYRIA, WHERE THE NEED IS THE GREATEST	139,970	EFT/WIRE			
(58)		MIDDLE EAST AND NORTH AFRICA	EMERGENCY RESPONSE FOR DISPLACED POPULATIONS IN LEBANON	133,000	EFT/WIRE			
(59)		SUB-SAHARAN AFRICA	BUILDING RESILIENCE IN COMMUNITIES AFFECTED BY CONFLICT AND CRISIS.	128,515	EFT/WIRE			
(60)		MIDDLE EAST AND NORTH AFRICA	EMERGENCY RESPONSE FOR DISPLACED POPULATIONS IN LEBANON	123,648	EFT/WIRE			
(61)		MIDDLE EAST AND NORTH AFRICA	BHA FY22 INCLUSIVE WASH ASSISTANCE FOR VULNERABLE AND DISPLACED IRAQIS	122,358	EFT/WIRE			
(62)		SUB-SAHARAN AFRICA	SUPPORT FOR LOCAL INITIATIVES TO PROMOTE PEACE.	117,868	EFT/WIRE			
(63)		SUB-SAHARAN AFRICA	PROVIDE SUPPORT FOR THE SAUTI YAKO, AMANI YAKO (YOURVOICE, YOUR PEACE) OR "SAUTI"	115,618	EFT/WIRE			
(64)		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING HUMANITARIAN & ADAPTIVE MODALITIES IN SYRIA (SHAMS)	110,415	EFT/WIRE			
(65)		SUB-SAHARAN AFRICA	EMPOWER ADOLESCENT GIRLS AND YOUNG WOMEN THROUGH ACCESS TO BASIC LITERACY AND NUMERACY, LIFE SKILLS, ECONOMIC OPPORTUNITIES, AND HEALTH INFORMATION AND RESOURCES.	109,717	EFT/WIRE			
(66)		SOUTH AMERICA	JOVENPRO EXPANSION	104,870	EFT/WIRE			
(67)		SUB-SAHARAN AFRICA	SUSTAINABLE AGRIFOOD SYSTEMS APPROACH FOR SUDAN (SASAS)	98,930	EFT/WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(68)		SUB-SAHARAN AFRICA	DELIVERING RESILIENT ENTERPRISES AND MARKET SYSTEMS FOR REFUGEES IN ETHIOPIA	97,391	EFT/WIRE			
(69)		SUB-SAHARAN AFRICA	INTEGRATED MULTI-SECTOR INTERVENTION FOR CONFLICT AFFECTED POPULATION IN ABA'LAA WOREDA ZONE 2, AFAR	96,613	EFT/WIRE			
(70)		RUSSIA AND NEIGHBORING STATES	KG USDA FOOD FOR EDUCATION CCC 2021-26	91,619	EFT/WIRE			
(71)		SUB-SAHARAN AFRICA	PROJET D'APPUI D'URGENCE POUR LE BIEN-ETRE SOCIAL ET ALIMENTAIRE (PAUBSA)	84,872	EFT/WIRE			
(72)		CENTRAL AMERICA AND THE CARIBBEAN	MARKET ACCESS FOR SMALLHOLDER FARMERS IN GUATEMALA (MAS) PHASE II	82,486	EFT/WIRE			
(73)		SUB-SAHARAN AFRICA	ENSURE VULNERABLE HOST COMMUNITY HOUSEHOLDS HAVE ACCESS TO LIFE-SAVING CASH, WASH AND LIVELIHOOD OPPORTUNITIES, ADDRESSING IMMEDIATE FOOD SECURITY NEEDS AND PREVENTING THE SPREAD OF THE COVID-19 VIRUS.	80,260	EFT/WIRE			
(74)		SUB-SAHARAN AFRICA	UG HILTON FOUNDATION JOBTECH FOR REFUGEES (J4R)	78,602	EFT/WIRE			
(75)		SUB-SAHARAN AFRICA	HEALTHY GIRLS BECOME STRONG WOMEN	74,711	EFT/WIRE			
(76)		EAST ASIA AND THE PACIFIC	IMPROVING FOOD SECURITY & MEETING CRITICAL WASH & NFI NEEDS OF PEOPLE IN NEED	69,172	EFT/WIRE			
(77)		EAST ASIA AND THE PACIFIC	EXTENDING MULTI-PURPOSE CASH ASSISTANCE TO PEOPLE IN NEED IN HARD-TO-REACH AND UNDER-SERVED TOWNSHIPS IN SAGAING AND MAGWAY TO MEET FOOD SECURITY, SHELTER&NFI AND WASH NEEDS	64,312	EFT/WIRE			
(78)		SUB-SAHARAN AFRICA	RESPONDING TO URGENT NEEDS	59,064	EFT/WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AND INVESTING IN RECOVERY.					
(79)		SUB-SAHARAN AFRICA	ESTABLISHMENT OF VBNS AND IMPLEMENT KEY PROJECT ACTIVITIES	58,940	EFT/WIRE			
(80)		SUB-SAHARAN AFRICA	DISSEMINATION OF SRHR REFERRAL PATHWAY TRAINING 118 SCHOOLTEACHERS IN 5 DISTRICTS OF KARAMOJA-GIRL-H	58,223	EFT/WIRE			
(81)		SUB-SAHARAN AFRICA	MULTISECTORAL EMERGENCY RESPONSE TO CONFLICT AFFECTED POPULATIONS IN DARFUR STATES, SUDAN	49,941	EFT/WIRE			
(82)		SUB-SAHARAN AFRICA	TO SUPPORT WOMEN IN SUDAN TO PREVENT AND MITIGATE VIOLENCE AND CONFLICT AND PARTICIPATE IN DECISION-MAKING	46,951	EFT/WIRE			
(83)		MIDDLE EAST AND NORTH AFRICA	ENHANCING GAZAN FARMERS' ABILITY TO RECOVER LIVELIHOODS THROUGH CASH ASSISTANCE	46,405	EFT/WIRE			
(84)		SUB-SAHARAN AFRICA	SUPPORTING GINGER FARMERS IN NIGERIA	44,712	EFT/WIRE			
(85)		SUB-SAHARAN AFRICA	PROVIDE HYGIENE KITS AND OTHER ESSENTIAL ITEMS TO 1,392 FLOOD DISPLACED FAMILIES IN KISMAYU DISTRICT OF LOWER JUBA OF SOMALIA	44,375	EFT/WIRE			
(86)		SUB-SAHARAN AFRICA	SUSTAINABLE AGRIFOOD SYSTEMS APPROACH FOR SUDAN (SASAS)	35,684	EFT/WIRE			
(87)		SUB-SAHARAN AFRICA	TO PROMOTE SOCIAL COHESION BETWEEN REFUGEE AND HOST COMMUNITIES AND FOSTER MUTUALLY BENEFICIAL INTERACTIONS THROUGH ECONOMIC OPPORTUNITIES, IMPROVED LIVELIHOODS, AND	35,232	EFT/WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			STRENGTHENED COMMUNITY-LED GOVERNANCE STRUCTURES IN GAMBELLA, ETHIOPIA					
(88)		SOUTH ASIA	EMERGENCY FOOD SECURITY IN NEPAL	33,669	EFT/WIRE			
(89)		EAST ASIA AND THE PACIFIC	PROVIDE URGENT SUPPORT TO CYCLONE AFFECTED COMMUNITIES	32,163	EFT/WIRE			
(90)		SUB-SAHARAN AFRICA	SUPPORTING WASH INTERVENTIONS IN CONFLICT-AFFECTED COMMUNITIES (SWIFT), EAST JEBEL MARRA, SOUTH DARFUR STATE	31,896	EFT/WIRE			
(91)		SUB-SAHARAN AFRICA	SUSTAINABLE AGRIFOOD SYSTEMS APPROACH FOR SUDAN (SASAS)	31,370	EFT/WIRE			
(92)		SUB-SAHARAN AFRICA	RESILIENCE BUILDING FOR AGRO-PASTORALIST IN NORTH KORDOFAN (RAPID)	26,413	EFT/WIRE			
(93)		SUB-SAHARAN AFRICA	AREA-BASED-ALLOCATION, (COMMUNITIES LIVING WITH ENHANCED ACCESS TO SANITATION AND WATER (CLEAN)), IN SHARG AJ JABAL LOCALITY, SOUTH DARFUR STATE	25,146	EFT/WIRE			
(94)		RUSSIA AND NEIGHBORING STATES	ERF ALLOCATION TO REDUCE SUFFERING, PROVIDE HUMANITARIAN AID TO THE REFUGEES	25,000	EFT/WIRE			
(95)		SUB-SAHARAN AFRICA	RESPONDING TO EMERGENCIES AND CRITICAL HUMANITARIAN NEEDS (REACH) IN AL RADOUM & SHARG AJ JABAL LOCALITIES, SOUTH DARFUR STATE	21,696	EFT/WIRE			
(96)		SUB-SAHARAN AFRICA	PROMOTING RESILIENCE, INCLUSIVITY AND MEANINGFUL ENGAGEMENT (PRIME)	21,056	EFT/WIRE			
(97)		SUB-SAHARAN AFRICA	SUSTAINABLE AGRIFOOD SYSTEMS APPROACH FOR SUDAN (SASAS)- ACCESS TO	19,358	EFT/WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			FERTILIZER COMPONENT					
(98)		EAST ASIA AND THE PACIFIC	LEVERAGING TECHNOLOGY TO IMPROVE HEALTH, FINANCIAL LITERACY, AND BUSINESS DEVELOPMENT FOR WOMEN IN COFFEE COMMUNITIES IN INDONESIA	14,658	EFT/WIRE			
(99)		SUB-SAHARAN AFRICA	LEVERAGING INVESTMENT FOR TRANSFORMATIONAL WATER AND SANITATION SYSTEMS IN DRF	13,825	EFT/WIRE			
(100)		MIDDLE EAST AND NORTH AFRICA	LIVELIHOODS AND ENVIRONMENTAL ACTIONS FOR DEVELOPMENT (LEAD)	13,254	EFT/WIRE			
(101)		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDING LIFE-SAVING AID IN LESS-POPULATED HAITIAN COMMUNITIES IN THE 2021 EARTHQUAKE'S AFTERMATH AND WORKING ON LONG-TERM RESILIENCY AND RECOVERY	17,467	EFT/WIRE			
(102)		EAST ASIA AND THE PACIFIC	XYLEM EMERGENCY WASH FUND ALLOCATION	8,435	EFT/WIRE			
(103)		SUB-SAHARAN AFRICA	PROTECTING REPRODUCTIVE HEALTH IN UGANDA (GIRL-H ADD-ON)	6,541	EFT/WIRE			
(104)		SOUTH ASIA	NP ERF JAJARKOT QUAKE	6,085	EFT/WIRE			
(105)		SUB-SAHARAN AFRICA	INNOVATIVE APPROACHES TO BUILDING RESILIENCY FOR REFUGEES AND HOST POPULATIONS IN GAMBELLA REGION	5,256	EFT/WIRE			

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	SUB-GRANTEES ARE SELECTED EITHER THROUGH A REQUEST FOR APPLICATION PROCESS OR INCLUDED IN PROGRAM PROPOSAL DESIGNED BASED ON THE SUB-GRANTEES TECHNICAL MERITS AND COST CRITERIA INCLUDED IN THE PROGRAM DESCRIPTION. ALL SUB-RECIPIENTS ARE ISSUED A SUB-GRANT AGREEMENT THAT OUTLINES THE APPROVED PROGRAM DESCRIPTION, APPROVED BUDGET, REPORTING REQUIREMENTS, AND RELEVANT REGULATIONS. PRIOR TO ISSUING A SUB-GRANT AGREEMENT, THE FREQUENCY OF FINANCIAL AND PROGRAMMATIC REPORTING AND LEVEL OF SUPPORTING DOCUMENTATION TO SUBMIT IS DETERMINED, DEPENDING ON THE SIZE AND SOPHISTICATION OF THE SUB-GRANT/SUB-RECIPIENT AND THEIR EXPERIENCE WITH PRIME DONOR FUNDING. THE FINANCE DEPARTMENT WILL REVIEW THE FINANCIAL REPORTS AGAINST THE APPROVED BUDGET AND REGULATION TO CONFIRM THAT EXPENDITURES ARE ALLOWABLE. GENERALLY, FOR SMALLER, FIRST-TIME RECIPIENTS, COPIES OR ORIGINALS OF SUPPORTING DOCUMENTATION ARE SUBMITTED AND REVIEWED IN-COUNTRY BY THE FINANCE DEPARTMENT. FOR MID-SIZE SUB-GRANTS FAMILIAR WITH MC AND DONOR REQUIREMENTS, MANAGERS WILL DO PERIODIC SITE VISITS TO AUDIT THE SUPPORTING DOCUMENTS AGAINST THE FINANCIAL REPORTS. FOR LARGER SUB-GRANTS, MOSTLY OTHER US-BASED ORGANIZATIONS, FINANCE MANAGERS REVIEW THEIR A-133 AUDITS AND RETAIN THE RIGHT TO ACCESS THEIR FINANCIAL RECORDS. THE FINANCIAL REPORT MUST THEN BE REVIEWED BY THE DEPARTMENT RESPONSIBLE FOR THE PROGRAMMATIC ASPECTS OF THE SUB-RECIPIENT TO ENSURE THAT THE SUB-RECIPIENT IS PERFORMING THE ACTIVITIES PER THE SUB-GRANT AGREEMENT.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	HELP INDIVIDUALS TO ORGANIZE, RECEIVE SPECIALIZED TRAINING & SERVICES, BECOME AWARE OF MARKET OPPORTUNITIES, AND OVERCOME OTHER DEVELOPMENT CHALLENGES AND OBSTACLES. EMPOWER COMMUNITIES TO CREATE THEIR OWN WEALTH AND USE IT TO ACHIEVE SECURE, JUST AND PRODUCTIVE COMMUNITIES.
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	PILOT, INFORM AND INFLUENCE INNOVATIVE LOCAL SOLUTIONS TO MITIGATE ECONOMIC AND SOCIAL DISPARITY WITH LOCAL PARTNERS. SUPPORT RURAL COMMUNITIES TO MOBILIZE RESOURCES TO MEET THEIR ECONOMIC AND SOCIAL NEEDS.
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	SUPPORT LOCAL INSTITUTIONS (GOVERNMENTAL AND NON-GOVERNMENTAL) CAPACITY TO BETTER SERVE MULTI-ETHNIC COMMUNITIES ECONOMICALLY AND SOCIALLY. PROVIDE PROGRAMS FOCUSED ON INNOVATIVE ECONOMIC DEVELOPMENT, SUSTAINABLE RESOURCE MANAGEMENT AND CITIZEN EMPOWERMENT.
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	STRENGTHEN COMMUNITY LEVEL MECHANISMS AND CAPACITY FOR CITIZEN PARTICIPATION IN LOCAL DECISION MAKING, HUMANITARIAN INTERVENTIONS AND SUSTAINABLE DEVELOPMENT. SUPPORT SOCIETY CAPACITY TO RESPOND TO HUMANITARIAN NEEDS AND CONTRIBUTE TO REGIONAL STABILITY AND INCLUSIVE, SUSTAINABLE ECONOMIC GROWTH.
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	CONSOLIDATE THE ADVANCES THAT HAVE BEEN MADE ATTENDING TO THE NEEDS OF THE DISPLACED POPULATION FOR EMERGENCY HUMANITARIAN ASSISTANCE (1ST PHASE), SOCIO-ECONOMIC STABILIZATION (2ND PHASE) AND EXPAND THESE GAINS TO INCLUDE SUSTAINABLE SOCIO-ECONOMIC DEVELOPMENT (3RD PHASE) IN CURRENT GEOGRAPHICAL AREAS AND NEW PRIORITY REGIONS.
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	ENABLE COMMUNITIES TO IMPROVE THEIR QUALITY OF LIFE THROUGH STRENGTHENED SUSTAINABLE LIVELIHOODS, IMPROVED PUBLIC HEALTH KNOWLEDGE, ATTITUDES AND BEHAVIOR; INCREASED RESPONSIVE INSTITUTIONS AND IMPROVED ACCESS TO SERVICES.
SCHEDULE F, PART I, LINE 3(E) - IF ACTIVITY LISTED IN (D) IS A PROGRAM SERVICE, DESCRIBE SPECIFIC TYPE OF SERVICE(S) IN THE REGION	FACILITATE AND ENHANCE THE ECONOMIC AND SOCIAL REINTEGRATION OF DISPLACED AND RETURNEE POPULATION THROUGH (A) TEACHING BASIC LIVELIHOODS, (B) PROMOTING THE ADOPTION OF ALTERNATIVE LIVELIHOODS IN ZONES WHERE TRADITIONAL SYSTEM ARE NO LONGER VIABLE, AND (C) PROMOTING INTER/INTRA-CLAN/ETHNIC CONFLICT MITIGATION, THE CONTINUING DEVELOPMENT OF A CIVIL SOCIETY, AND STATE BUILDING.

Return Reference - Identifier	Explanation
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

MERCY CORPS

91-1148123

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 FUSE FUNDRAISING GROUP, 12355 SUNRISE VALLEY DR, SUITE 240, RESTON, VA 20191	CONSULTING		✓	0	931,300	(931,300)
2 BLUE STATE DIGITAL, 41 FLATBUSH AVENUE 8TH FL, BROOKLYN, NY 11217	CONSULTING		✓	0	983,939	(983,939)
3 SD&A TELESERVICES, 5757 WEST CENTURY BLVD, STE 300, LOS ANGELES, CA 90045	TELEMARKETING		✓	166,242	230,614	(64,372)
4 ORR GROUP, 3000 K ST NW E280, WASHINGTON, DC 20007	CONSULTING		✓	0	244,500	(244,500)
5						
6						
7						
8						
9						
10						
Total				166,242	2,390,353	(2,224,111)

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1 Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PORTLAND STATE UNIVERSITY P.O. BOX 243, PORTLAND, OR 97207	93-0619733	501(C)(3)	25,000				EMERGING LEADERS PROGRAM
(2) (SEE STATEMENT)	22-2706505	501(C)(3)	45,000				(SEE STATEMENT)
(3) CULTURAL WELLNESS CENTER 2025 PORTLAND AVE, MINNEAPOLIS, MN 55404	41-1850859	501(C)(3)	75,000				(SEE STATEMENT)
(4) (SEE STATEMENT)	38-2885952	501(C)(3)	45,000				(SEE STATEMENT)
(5) HOMES AND HOPE COMMUNITY LAND TRUST 10224 53RD AVE W, MUKILTEO, WA 98275	82-3392935	501(C)(3)	45,000				(SEE STATEMENT)
(6) PEOPLE'S HOUSING+ 6323 FRANKLIN AVE, NEW ORLEANS, LA 70119	47-3700373	501(C)(3)	75,000				(SEE STATEMENT)
(7) ST. PHILIP'S SCHOOL&COMMUNITY CENTER 1600 PENNSYLVANIA AVENUE, DALLAS, TX 75215	75-1097360	501(C)(3)	45,000				(SEE STATEMENT)
(8) THE BROWNSVILLE PARTNERSHIP 519 ROCKAWAY AVENUE, BROOKLYN, NY 11212	83-2855002	501(C)(3)	75,000				(SEE STATEMENT)
(9) (SEE STATEMENT)	73-1084819	501(C)(3)	45,000				(SEE STATEMENT)
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	SELECTION CRITERIA FOR SUB-GRANTEES VARY DEPENDING ON THE PROGRAMS. AN APPLICATION PROCESS IS PART OF THE PROGRAM DESIGN THAT THE DONOR HAS AGREED TO IN THE PROGRAM PROPOSAL OR WE HAVE AGREED TO AS THE ADMINISTRATOR OF THE PROGRAMS. SUB-GRANTEES ARE SELECTED BASED ON TECHNICAL MERITS, SOCIAL METRICS AND COST CRITERIA INCLUDED IN THE PROGRAM DESCRIPTION, APPROVED BUDGET, REPORTING REQUIREMENTS AND RELEVANT REGULATIONS. SUB-GRANTEES THAT ARE ACCEPTED INTO THE PROGRAMS AGREE TO USE GRANTS TO SUPPORT THE PURPOSE OF THE PROGRAM. REGULAR DONOR REPORTS ARE MADE TO SHOW DISTRIBUTED FUNDS ARE MEETING THE PURPOSE OF THE PROGRAM AND PROVIDING THE DESIRED OUTCOMES.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COMMUNITY LOAN FUND OF THE CAPITAL REGION, INC. 255 ORANGE STREET, ALBANY, NY 12210
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	GRANDMONT ROSEDALE DEVELOPMENT CORPORATION 19800 GRAND RIVER AVE, DETROIT, MI 48223
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	TULSA ECONOMIC DEVELOPMENT CORPORATION 125 W 3RD ST, TULSA, OK 74103
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	COMMUNITY LOAN FUND OF THE CAPITAL REGION, INC.: COMMUNITY INVESTMENT TRUSTS: FIGHTING POVERTY & RACIAL INEQUITY THROUGH DEMOCRATIZED ACCESS TO INVESTMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CULTURAL WELLNESS CENTER: COMMUNITY INVESTMENT TRUSTS: FIGHTING POVERTY & RACIAL INEQUITY THROUGH DEMOCRATIZED ACCESS TO INVESTMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	GRANDMONT ROSEDALE DEVELOPMENT CORPORATION: COMMUNITY INVESTMENT TRUSTS: FIGHTING POVERTY & RACIAL INEQUITY THROUGH DEMOCRATIZED ACCESS TO INVESTMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HOMES AND HOPE COMMUNITY LAND TRUST: COMMUNITY INVESTMENT TRUSTS: FIGHTING POVERTY & RACIAL INEQUITY THROUGH DEMOCRATIZED ACCESS TO INVESTMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	PEOPLE'S HOUSING+: COMMUNITY INVESTMENT TRUSTS: FIGHTING POVERTY & RACIAL INEQUITY THROUGH DEMOCRATIZED ACCESS TO INVESTMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ST. PHILIP'S SCHOOL&COMMUNITY CENTER: COMMUNITY INVESTMENT TRUSTS: FIGHTING POVERTY & RACIAL INEQUITY THROUGH DEMOCRATIZED ACCESS TO INVESTMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	THE BROWNSVILLE PARTNERSHIP: COMMUNITY INVESTMENT TRUSTS: FIGHTING POVERTY & RACIAL INEQUITY THROUGH DEMOCRATIZED ACCESS TO INVESTMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	TULSA ECONOMIC DEVELOPMENT CORPORATION: COMMUNITY INVESTMENT TRUSTS: FIGHTING POVERTY & RACIAL INEQUITY THROUGH DEMOCRATIZED ACCESS TO INVESTMENT
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	SMALL BUSINESS INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) CLIENTS - MATCHED SAVINGS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY CORPS

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

91-1148123

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b ✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2 ✓	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	TJADA D'OYEN MCKENNA	(i)	526,958	0	810	18,300	4,235	550,303	0
	CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
2	JENNIFER SIME	(i)	328,709	0	1,422	18,300	3,461	351,892	0
	CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
3	NDUBISI ANYANWU	(i)	132,495	0	184,763	7,987	10,565	335,810	0
	COUNTRY DIRECTOR	(ii)	0	0	0	0	0	0	0
4	CHAD SNELGAR	(i)	301,580	0	304	7,162	3,371	312,417	0
	CFAO & CORPORATE TREASURER	(ii)	0	0	0	0	0	0	0
5	ALLISON HUGGINS	(i)	158,425	0	130,401	9,543	7,115	305,484	0
	DEPUTY REG DIR, PGRM - EAST & SOUTHERN AFRICA	(ii)	0	0	0	0	0	0	0
6	SANJEEV SAHGAL	(i)	270,636	0	269	16,411	9,563	296,879	0
	CHIEF PEOPLE OFFICER	(ii)	0	0	0	0	0	0	0
7	STEVE LINICK	(i)	271,630	0	1,723	16,418	766	290,537	0
	CHIEF ETHICS & COMPLIANCE OFFICER	(ii)	0	0	0	0	0	0	0
8	ALEXA HOLMES	(i)	270,344	0	602	16,760	2,763	290,469	0
	GENERAL COUNSEL & CORPORATE SECRETARY	(ii)	0	0	0	0	0	0	0
9	MARY STATA	(i)	260,527	0	225	16,359	3,879	280,990	0
	CHIEF DEVELOPMENT OFFICER	(ii)	0	0	0	0	0	0	0
10	PETER LEWIS	(i)	249,687	0	350	14,936	3,429	268,402	0
	CHIEF MARKETING & COMMUNICATIONS OFFICER	(ii)	0	0	0	0	0	0	0
11	WHITNEY LAINE ELMER	(i)	156,963	0	88,386	9,455	11,573	266,377	0
	VICE PRESIDENT - EMERGENCY RESPONSE	(ii)	0	0	0	0	0	0	0
12	HUGH APRILE	(i)	167,920	0	63,790	10,125	10,844	252,679	0
	REGIONAL DIR, LATIN AMERICA AND THE CARIBBEAN	(ii)	0	0	0	0	0	0	0
13	KATHERINE PHILLIPS-BARRASSO	(i)	227,622	0	336	11,495	3,819	243,272	0
	VICE PRESIDENT - POLICY AND ADVOCACY	(ii)	0	0	0	0	0	0	0
14	SHANNON M ALEXANDER SWEET	(i)	216,019	0	1,276	13,500	2,624	233,419	0
	VICE PRESIDENT - GLOBAL PROGRAM SUPPORT	(ii)	0	0	0	0	0	0	0
15	JOSHUA TAYLOR DEWALD	(i)	202,850	0	438	12,586	3,728	219,602	0
	VICE PRESIDENT - EVIDENCE AND LEARNING	(ii)	0	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)							
		(ii)							

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) MINDY MASCHMEYER VICE PRESIDENT, MARKETING	(i)	196,587	0	176	11,889	2,607	211,259	0
	(ii)	0	0	0	0	0	0	0
(17) SANJAY GURUNG VICE PRESIDENT - TECHNICAL RESOURCES & QUALITY	(i)	188,602	0	253	11,455	2,892	203,202	0
	(ii)	0	0	0	0	0	0	0
(18) ANDREW MORGAN DEPUTY GENERAL COUNSEL & ASSISTANT CORPORATE SECRETARY	(i)	170,226	0	140	10,366	2,939	183,671	0
	(ii)	0	0	0	0	0	0	0
(19) JEREMY R SNYDER VICE PRESIDENT, HIGH IMPACT PHILANTHROPY	(i)	167,230	0	137	10,718	3,630	181,715	0
	(ii)	0	0	0	0	0	0	0
(20) SONIA DELMAN ASSOCIATE GENERAL COUNSEL & ASSISTANT CORPORATE SECRETARY	(i)	167,185	0	146	0	5,965	173,296	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	THE FOLLOWING INDIVIDUALS RECEIVED TAX INDEMNIFICATION PAYMENTS THAT WERE INCLUDED IN TAXABLE WAGES: N. ANYANWU, A. HUGGINS
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	PER POLICY, EXPATS LIVING OVERSEAS ARE PROVIDED HOUSING ALLOWANCE AND TAX INDEMNIFICATION AS TAXABLE COMPENSATION. HOUSING ALLOWANCE FOR RESIDENCE FOR PERSONAL USE: N. ANYANWU, A. HUGGINS, H. APRILE, W. ELMER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	115	1,288,677	VALUE OF STOCK
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	1,400	2,738,395	SELLING COST
20				
21				
22				
23				
24				
25	✓	793	195,110	MARKET VALUE
26	✓	36	311,539	MARKET VALUE
27	✓	16	758,020	MARKET VALUE
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
----	---	----	---

	Yes	No
30a		✓
31	✓	
32a	✓	
33		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS</p>	<p>SECURITIES - PUBLICLY TRADED - NUMBER OF LOTS CONTRIBUTED FOOD INVENTORY - METRIC TONS OF FOOD OTHER - COMPUTER EQUIPMENT NUMBER OF ITEMS CONTRIBUTED OTHER - COMPUTER SOFTWARE NUMBER OF ITEMS CONTRIBUTED OTHER - CRYPTO CURRENCY NUMBER OF LOTS CONTRIBUTED</p>
<p>SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS</p>	<p>MERCY CORPS USES A THIRD PARTY TO HANDLE SOME OF ITS CRYPTO DONATIONS. MERCY CORPS HAS PLACED A WIDGET ON OUR WEBSITE AND WE ALSO APPEAR AS A DONATION OPTION ON THEIR WEBSITE. THE THIRD-PARTY ACCEPTS AND LIQUIDATES THE CRYPTO ON OUR BEHALF, PASSING THE USD PROCEEDS TO OUR BANK ACCOUNT.</p>

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
MERCY CORPS

Employer Identification Number
91-1148123

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$33,735,393 INCLUDING GRANTS OF \$18,370,103)(REVENUE \$84,323)</p> <p>HEALTH - WATER AND FOOD SECURITY: IN THE MIDST OF CONFLICT AND CLIMATE CHANGE, BOTH OF WHICH POSE SIGNIFICANT RISKS TO HEALTH, MERCY CORPS WORKS TO IMPROVE HEALTH OUTCOMES BY ENSURING ACCESS TO SAFE AND NUTRITIOUS FOOD AND CLEAN AND SAFE WATER. MERCY CORPS MEETS URGENT FOOD NEEDS WHILE ALSO BUILDING MORE INCLUSIVE AND RESILIENT FOOD SYSTEMS, MINIMIZING THE IMPACTS OF FOOD CRISES ON HOUSEHOLDS, PREVENTING THE DESTABILIZATION OF FOOD SYSTEMS DURING CONFLICT AND NATURAL DISASTERS, AND INCREASING THE RESILIENCE OF FOOD SYSTEMS TO CLIMATE CHANGE. THIS YEAR, MERCY CORPS REACHED NEARLY 17 MILLION PEOPLE ACROSS OVER 100 PROGRAMS WORKING TO IMPROVE FOOD SECURITY IN 37 COUNTRIES.</p> <p>MERCY CORPS WORKS TO ENSURE PEOPLE HAVE EQUITABLE AND SUSTAINED ACCESS TO CLEAN AND SAFE WATER AS CLIMATE CHANGE, POOR WATER GOVERNANCE, INADEQUATE WATER MANAGEMENT AND INEQUITABLE CONTROL OF RESOURCES DEEPEN WATER INSECURITY. WHETHER RESPONDING TO IMMEDIATE WATER AND SANITATION NEEDS IN AN EMERGENCY BY PROVIDING ACCESS TO LIFESAVING WATER, SANITATION AND HYGIENE SERVICES, OR OVERSEEING LARGE-SCALE WATER INFRASTRUCTURE PROJECTS AND FOSTERING EQUITABLE AND INCLUSIVE WATER GOVERNANCE PROCESSES, MERCY CORPS STRENGTHENS THE CAPACITY OF COMMUNITIES AND THE WATER SYSTEMS THEY RELY ON. THIS YEAR, MERCY CORPS REACHED OVER 8 MILLION PEOPLE ACROSS 71 PROGRAMS ADVANCING WATER SECURITY IN 29 COUNTRIES.</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$30,026,200 INCLUDING GRANTS OF \$16,350,317)(REVENUE \$75,051)</p> <p>HUMANITARIAN ASSISTANCE - RECOVERY: MERCY CORPS SUPPORTS COMMUNITIES - AND THE MOST MARGINALIZED WITHIN THEM - TO EMERGE FROM CRISIS AND BUILD TOWARDS A MORE INCLUSIVE, RESILIENT FUTURE. DURING AND IN THE AFTERMATH OF CONFLICT AND CLIMATE-DRIVEN CRISES, MERCY CORPS WORKS TO HELP PEOPLE RECOVER, THRIVE AND BUILD RESILIENCE, ENHANCING THE CAPACITIES OF PEOPLE, MARKETS, AND INSTITUTIONS TO HANDLE SHOCKS, REDUCE RISK, BUILD MORE EQUITABLE AND RESPONSIVE SYSTEMS, AND IMPROVE WELLBEING. IN THE CONTEXT OF POST-CRISIS RECOVERY, WE FOCUS ON SYSTEMS-LEVEL CHANGE AIMED AT STRENGTHENING LOCAL GOVERNANCE, ECONOMIC, ECOLOGICAL, AND SOCIAL SYSTEMS THAT COMMUNITIES RELY ON.</p>
<p>FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES</p>	<p>CG, TT, ET, GG, GT, HA, IZ, IS, JO, KZ, KE, KG, LE, LI, ML, MR, NP, NG, NI, PK, PL, RQ, SG, SO, SU, OD, TZ, UG, UP, UZ, YM, ZI</p>
<p>FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS</p>	<p>MERCY CORPS IS A MEMBER ORGANIZATION WITH A CLOSED SET OF MEMBERS SHARED WITH MERCY CORPS EUROPE AND MERCY CORPS NETHERLANDS AND SEEKS TO OPERATE AS A SINGLE ORGANIZATION CONSISTENT WITH THEIR RESPECTIVE GOVERNING LAWS, DOCUMENTS, AND MAJOR DONOR REQUIREMENTS.</p>
<p>FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY</p>	<p>AS A MEMBER ORGANIZATION, NEW DIRECTORS WILL BE VOTED IN BY CURRENT MEMBERS OF THE JOINT GOVERNING BOARD DURING AN ANNUAL MEMBER MEETING.</p>
<p>FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS</p>	<p>UNDER THE GOVERNANCE AGREEMENT THE MEMBERS HAVE A SUPER MAJORITY VOTE REQUIREMENT FOR REMOVAL OF A DIRECTOR, MERGER OR ACQUISITION, OR DISSOLUTION.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>THE PROCESS FOR APPROVING THE FORM 990 IS AS FOLLOWS: THE CHIEF FINANCE & ADMINISTRATIVE OFFICER (CFAO) WILL REVIEW THE FORM 990 TO BE PRESENTED TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE WILL VOTE ON A RESOLUTION APPROVING OR DISAPPROVING THE FORM 990. AFTER THE AUDIT COMMITTEE APPROVES THE 990, THE 990 IS EMAILED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE APPROVED FORM 990 WILL BE SIGNED BY THE CFAO AND SUBMITTED TO THE IRS. AT THE REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING FOLLOWING THE SUBMISSION, THE AUDIT COMMITTEE, THE CEO OR THE CFAO PRESENTS THE HIGHLIGHTS OF THE 990 TO THE BOARD AND THE BOARD VOTES ON A RESOLUTION RATIFYING THE AUDIT COMMITTEE'S APPROVAL OF THE 990. IF ISSUES ARE IDENTIFIED AT ANY POINT, THE 990 IS SENT BACK TO THE PREVIOUS STEP TO ENSURE THE ISSUES ARE RESOLVED AND APPROPRIATE CHANGES ARE MADE. FOR EXAMPLE, IF THE AUDIT COMMITTEE FINDS AN UNRESOLVED ISSUE DURING ITS REVIEW, THE AUDIT COMMITTEE WILL REQUEST THAT THE CFAO RESOLVE THE ISSUE BEFORE THE AUDIT COMMITTEE WILL VOTE ON A RESOLUTION APPROVING THE 990.</p>

Return Reference - Identifier	Explanation									
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	MERCY CORPS DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE (COI) TO ALL OFFICERS, DIRECTORS, OR TRUSTEES, AND KEY EMPLOYEES OF MERCY CORPS ON AN ANNUAL BASIS AND REQUIRES A SIGNED DECLARATION TO DECLARE CONFLICTS AND COMPLY WITH THE CONFLICT OF INTEREST POLICY. THESE ARE REVIEWED BY THE LEGAL DEPARTMENT TO IDENTIFY ANY CONFLICTS OF INTEREST. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE GENERAL COUNSEL IS NOTIFIED AND REPORTED TO THE GLOBAL CONTROLLER AND THE BOARD AUDIT AND RISK COMMITTEE AS MAY BE REQUIRED AND APPROPRIATE. DURING THE YEAR, THE BOARD MEMBER(S) ARE REQUIRED TO RECUSE THEMSELVES FROM DECISION WHERE THEY HAVE A CONFLICT.									
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	MERCY CORPS COMPENSATION PRACTICES ARE INTENDED TO BE EQUITABLE, FAIR, COMPETITIVE AND REASONABLE. OFFICER COMPENSATION IS DETERMINED BASED ON HUMAN RESOURCE ASSESSMENT GATHERED FROM OBJECTIVE COMPARISON OF COMPENSATION PAID FOR SIMILAR POSITIONS BY OTHER NON-PROFITS OF SIMILAR SIZE COMPILED ON AN ANNUAL BASIS WHICH IS REVIEWED BY THE COMPENSATION COMMITTEE AND RECOMMENDED FOR BOARD APPROVAL ANNUALLY IN JUNE. THE BOARD REVIEWS THE ASSESSMENT TO DETERMINE REASONABLENESS WITHIN THE MARKET AND APPROVES THE COMPENSATION FOR THE CEO. THE BOARD, PER THE RECOMMENDATION OF THE COMPENSATION COMMITTEE, ALSO PROVIDES A RANGE TO THE CEO FOR OTHER OFFICER AND KEY EMPLOYEE COMPENSATION ON AN ANNUAL BASIS. THE HUMAN RESOURCES TEAM PROVIDES BENCHMARKING INFORMATION AGAINST SIMILAR ORGANIZATIONS IN THE SECTOR. MERCY CORPS ENGAGES INDEPENDENT EXPERTS ON A REGULAR BASIS TO REVIEW THE SALARY BENCHMARKING TO THE INDUSTRY.									
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SEE NARRATIVE FOR LINE 15A.									
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV									
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST, MERCY CORPS WILL PROVIDE A COPY OF ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.									
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="464 934 1304 961">(a) Description</th> <th data-bbox="1308 934 1515 961">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 968 1304 995">ELIMINATE NET ASSETS ON CONSOLIDATION OF SUBSIDIARIES</td> <td data-bbox="1308 968 1515 995">- 1,809,785</td> </tr> <tr> <td data-bbox="464 1001 1304 1029">CGA CHANGE IN VALUE</td> <td data-bbox="1308 1001 1515 1029">236,073</td> </tr> <tr> <td data-bbox="464 1035 1304 1062">CURRENCY REMEASUREMENT</td> <td data-bbox="1308 1035 1515 1062">1,277,515</td> </tr> </tbody> </table>		(a) Description	(b) Amount	ELIMINATE NET ASSETS ON CONSOLIDATION OF SUBSIDIARIES	- 1,809,785	CGA CHANGE IN VALUE	236,073	CURRENCY REMEASUREMENT	1,277,515
	(a) Description	(b) Amount								
	ELIMINATE NET ASSETS ON CONSOLIDATION OF SUBSIDIARIES	- 1,809,785								
	CGA CHANGE IN VALUE	236,073								
CURRENCY REMEASUREMENT	1,277,515									
ELIMINATE NET ASSETS ON CONSOLIDATION OF SUBSIDIARIES	- 1,809,785									
CGA CHANGE IN VALUE	236,073									
CURRENCY REMEASUREMENT	1,277,515									
SCHEDULE F, PART II, LINE 1 - GRANTS & OTHER ASSISTANCE TO ORGANIZATIONS OR ENTITIES OUTSIDE THE US	THE INFORMATION ON LINE 1 IS SUMMARIZED BY BOTH PURPOSE AND REGION, WHEREAS THE COUNTS ON LINES 2 AND 3 INCLUDE TOTAL NUMBER OF GRANTEES.									

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
MERCY CORPS

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number
91-1148123

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MERCY CORPS DEVELOPMENT HOLDINGS LLC (45-4481022) 1209 ORANGE STREET , WILMINGTON , DE 19801	HOLDING CO.	DE	2,139,653	2,643,302	MERCY CORPS
(2) MERCY CORPS NIGERIA LTD/GTE 7TH FLOOR NIGERIA REINSURANCE BLDG, 784A HERBERT MACAULAY WY, ABUJA, NORTH CDB, NI	HUMANITARIAN ASSISTANCE	NIGERIA	0	1,244,008	MERCY CORPS
(3) CIT SERVICES (82-2362222) 45 SW ANKENY ST, PORTLAND, OR 97204	HOLDING CO.	OR	84,000	36,473	MERCY CORPS
(4) MERCY CORPS KENYA THE ALMONT PARK, 3RD FLOOR CHURCH R, OFF WAIYAKI WAY, WESTLANDS, NAIROBI, KE	HUMANITARIAN ASSISTANCE	KENYA	50,259	2,161,398	MERCY CORPS
(5) MERCY CORPS PUERTO RICO TRIPLE S PLAZA, 1510 AVE FD, ROOSEVELT SUITE 6A GUYANABO, 00968, RQ	HUMANITARIAN ASSISTANCE	PUERTO RICO	0	110,334	MERCY CORPS
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)-----												
(2)-----												
(3)-----												
(4)-----												
(5)-----												
(6)-----												
(7)-----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)(SEE STATEMENT)-----									
(2)-----									
(3)-----									
(4)-----									
(5)-----									
(6)-----									
(7)-----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)	✓	
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II

Identification of Related Tax-Exempt Organizations (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY CORPS CONDOMINIUMS UNIT OWNERS ASSOCIATION (27-1113758) 45 SW ANKENY, PORTLAND, OR 97204	PROVIDE MANAGEMENT SERVICES - IRC 528	OR			MERCY CORPS	✓	
(2) MERCY CORPS CORPORATE FUND 36 DZHANDOSOV STREET, ALMATY, KZ	GRANT MAKING	KAZAKHSTAN			MERCY CORPS	✓	
(3) KOMPANION DEVELOPMENT TOGOLOK MOLDO 10, BISHKEK, KG	GRANT MAKING	KYRGYZSTAN			MERCY CORPS	✓	
(4) MERCY CORPS EUROPE 96/3 COMMERCIAL QUAY, EDINBURGH, EH6 6LX, UK	HUMANITARIAN ASSISTANCE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			N/A		✓
(5) MERCY CORPS NETHERLANDS THE HAGUE HUMANITY HUB, FLUWELEN BURG WAL 58, DEN HAAG, 2511 CJ, NL	HUMANITARIAN ASSISTANCE	NETHERLANDS			N/A		✓
(6) ENERGY 4 IMPACT 10 QUEENS STREET PLACE, LONDON, ENGLAND, EC4R 1BE, UK	ENERGY SOLUTIONS	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			MERCY CORPS	✓	
(7) YAYASAN MERCY CORPS INDONESIA JALAN TAMAN MARGASATWA #3 RUKUN, TETANGGA 001, RUKUN WARGARGA, SOUTH JAKARTA, 12530, ID	HUMANITARIAN ASSISTANCE	INDONESIA			MERCY CORPS	✓	
(8) MICRO INSURANCE CATASTROPHE RISK ORGANIZATION SCC 1ST FLOOR, LIMEGROVE CENTER, HOLETOWN, ST. JAMES, BB24016 BB, BB	MICRO INSURANCE	BARBADOS			MERCY CORPS	✓	
(9) ENERGY 4 IMPACT (TANZANIA) ST. FRANCIS XAVIER NYAKAHOJA PARISH, BUILDING, RM NO 1 & 2, MAKONGOR RD, MWANZA, TZ	ENERGY SOLUTIONS	TANZANIA			MERCY CORPS	✓	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) KOMPANION FINANCIAL GROUP MICROFINANCE CLOSED STOCK JOINT CORPORATION TOGOLOK MOLDO 10, BISHKEK, KG	MICROFINANCE ACTIVITY / BANK	KYRGYZSTAN	MERCY CORPS	C CORPORATION	31,566,515	165,387,725	65%	✓	
(2) MERCY CORPS INDIA SHOP NO 3 VASANT KUNJ, NEW DELHI, 1110070, IN	ECONOMIC DEVELOPMENT	INDIA	MERCY CORPS	C CORPORATION	0	10,141	100%	✓	
(3) KOMPANION INVEST MICROCREDIT COMPANY 323 LENIN ST., OSH, KG	MICROFINANCE ACTIVITY	KYRGYZSTAN	MERCY CORPS	C CORPORATION	0	0	65%	✓	
(4) MC EGYPT LLC 2 AL MALAK AL AFDAL STREET ZEMALEK, CAIRO, EG	ECONOMIC DEVELOPMENT	EGYPT	MERCY CORPS	C CORPORATION	0	0	99.9%	✓	
(5) MERCY CORPS INTERNATIONAL / JORDAN CO. QUEEN NOUR STREET, AMMAN, JO	ECONOMIC DEVELOPMENT	JORDAN	MERCY CORPS	C CORPORATION	0	0	100%	✓	
(6) HUMANITARIAN ENERGY PLC HOUSE NO. 377, OFFICE NO 307, YEKA SUB-CITY, KEBELE 08, ADDIS ABEBA, ET	ENERGY SERVICES FOR HUMANITARIAN WORLD	ETHIOPIA	MERCY CORPS	C CORPORATION	24,141	2,322,865	80%	✓	