

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20

**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 MERCY CORPS  
 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: JENNIFER COOPERMAN  
SAME AS C ABOVE

**G** Gross receipts \$ 325,857,004

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.MERCYCORPS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1981 **M** State of legal domicile: WA

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>MERCY CORPS IS A GLOBAL TEAM OF HUMANITARIANS, WORKING TOGETHER ON THE FRONT LINES OF TODAY'S BIGGEST CRISES TO CREATE A FUTURE (CONTINUED ON SCHEDULE O)</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>14</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>13</u>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<u>692</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>100</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>29,000</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<u>0</u>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>309,347,661</u>	<u>321,739,813</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,475,619</u>	<u>1,849,185</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>760,766</u>	<u>733,004</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>152,832</u>	<u>162,582</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>311,736,878</u>	<u>324,484,584</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>89,944,697</u>	<u>90,773,273</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>121,962,270</u>	<u>123,073,019</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>17,919,123</u>	<u>1,922,200</u>	<u>1,415,151</u>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>107,501,566</u>	<u>105,109,850</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>321,330,733</u>	<u>320,371,293</u>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>(9,593,855)</u>	<u>4,113,291</u>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>172,705,532</u>	<u>196,024,386</u>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>97,060,214</u>	<u>116,607,683</u>	
		<u>75,645,318</u>	<u>79,416,703</u>	

**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: JENNIFER COOPERMAN, INTERIM CHIEF FINANCIAL OFFICER  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: JENNIFER BECKER HARRIS Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00183358  
 Firm's name ▶ CLARK NUBER Firm's EIN ▶ 91-1194016  
 Firm's address ▶ 10900 4TH STREET NE SUITE 1400, BELLEVUE, WA 98004 Phone no. (425) 454-4919

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2019)

**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:

MERCY CORPS IS A GLOBAL TEAM OF HUMANITARIANS, WORKING TOGETHER ON THE FRONT LINES OF TODAY'S BIGGEST CRISES TO CREATE A FUTURE OF POSSIBILITY, WHERE EVERYONE CAN PROSPER. 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 \$ 74,236,633 including grants of \$ 27,764,860 ) (Revenue \$ 565,611 )  
HUMANITARIAN ASSISTANCE -- RELIEF: IN THE WAKE OF A MAJOR DISASTER, MERCY CORPS' FIRST PRIORITY IS TO MEET URGENT NEEDS, SUCH AS FOOD, WATER, AND BASIC HYGIENE ITEMS. THIS YEAR MERCY CORPS WORKED ALONGSIDE LOCAL COMMUNITIES TO MEET THE URGENT NEEDS OF MILLIONS OF PEOPLE FACING EMERGENCIES AROUND THE WORLD, FROM REFUGEES FLEEING SYRIA AND VENEZUELA TO COMMUNITIES DEVASTATED BY NATURAL DISASTERS SUCH AS CYCLONE IDAI IN ZIMBABWE AND HURRICANE DORIAN IN THE BAHAMAS.

4b (Code: ) (Expenses \$ 64,243,626 including grants of \$ 24,027,427 ) (Revenue \$ 489,474 )  
LIVELIHOOD: MERCY CORPS HELPS BUILD STRONG LOCAL ECONOMIES BY INVESTING IN THE JOBS AND MARKETS THAT SERVE AS THE BEST ENGINES OF LONG-TERM RECOVERY. ACROSS THE GLOBE, ESPECIALLY IN COUNTRIES AFFECTED BY CRISES OR CONFLICT AND THE DEVASTATING ECONOMIC IMPACT OF COVID-19, MERCY CORPS WORKS WITH INDIVIDUALS AND COMMUNITIES TO ACHIEVE FINANCIAL INCLUSION AND INDEPENDENCE. PARTICULARLY IN THE MIDDLE EAST AND AFRICA, WE CONNECT YOUNG PEOPLE TO THE RESOURCES THEY NEED TO BUILD DEMAND-DRIVEN SKILLS AND TO LAND AND KEEP JOBS. WE BLEND NON-FORMAL EDUCATION, VOCATIONAL AND SOFT SKILLS TRAINING, APPRENTICESHIPS, MENTORING AND ACCESS TO FINANCIAL AND TECHNOLOGICAL SERVICES, AS WELL AS ADDRESS THE SOCIAL AND CULTURAL NORMS WHICH OFTEN PREVENT YOUNG PEOPLE FROM ACCESSING WORK OPPORTUNITIES.

4c (Code: ) (Expenses \$ 39,367,990 including grants of \$ 14,723,819 ) (Revenue \$ 299,946 )  
HUMANITARIAN ASSISTANCE -- RECOVERY: AFTER A CRISIS, MERCY CORPS WORKS TO MEET PEOPLE'S IMMEDIATE NEEDS WHILE SPARKING RECOVERY THROUGH TOOLS THAT HELP THEM BUILD A STRONGER FUTURE. THIS YEAR MERCY CORPS TEAMS REACHED MORE THAN 15 MILLION PEOPLE WITH COVID-19 RELIEF AND PREVENTION. OUR TEAMS WORKED TIRELESSLY TO PREVENT THE VIRUS' SPREAD, AND HELP COMMUNITIES TO PERSEVERE THROUGH THE ECONOMIC IMPACT, WHICH WILL BE SEVERE AND LONG-LASTING. IN ADDITION, WE SOUGHT TO LEVERAGE TECHNOLOGY, BREAKTHROUGH SOLUTIONS AND NEW MODELS FOR WORKING FOR MAXIMUM SOCIAL IMPACT AROUND THE WORLD. WE SEE INNOVATION AS CRITICAL TO ACHIEVING THE GLOBAL CHANGE WE NEED TO CREATE MORE SECURE, JUST AND PRODUCTIVE COMMUNITIES.

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 64,857,897 including grants of \$ 24,257,167 ) (Revenue \$ 494,154 )

4e Total program service expenses 242,706,146

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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"/>
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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"/>
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> 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"/>
<b>10</b> 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"/>
<b>11</b> 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.		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> 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"/>
<b>f</b> 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"/>
<b>12a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> 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"/>
<b>19</b> 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"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>21</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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"/>	
<b>23</b> 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"/>	
<b>24a</b> 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 checked="" type="checkbox"/>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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 checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 checked="" type="checkbox"/>
<b>b</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 checked="" type="checkbox"/>
<b>26</b> 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 checked="" type="checkbox"/>
<b>27</b> 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 checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> 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 checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	
<b>30</b> 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 checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		<input checked="" type="checkbox"/>
<b>32</b> 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 checked="" type="checkbox"/>
<b>33</b> 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"/>	
<b>34</b> 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"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	
<b>b</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 checked="" type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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 checked="" type="checkbox"/>
<b>37</b> 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 checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	<input checked="" 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a-12b, 13, 13a-13c, 14a-14b, 15, 16.

**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
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	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"/>
<b>3</b>	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"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<input checked="" type="checkbox"/>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	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>7b</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"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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? . . . . .		
<b>11a</b>	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>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>16b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► [AL, AR, CA, FL, \(CONTINUED ON SCHEDULE O\)](#)
- 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 ►  
[RACHEL MARDOCK, 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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(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			
(1) NEAL KENY-GUYER CHIEF EXECUTIVE OFFICER (PARTIAL)	40.0 0.0	✓		✓				334,823	0	42,462
(2) LEESA W SHRADER AGRFIN ACCELERATE - PROGRAM DIRECTOR	40.0 0.0					✓		291,213	0	17,747
(3) BETH DEHAMEL INTERIM CHIEF EXECUTIVE OFFICER (PARTIAL)	40.0 0.0	✓		✓				262,500	0	35,238
(4) CRAIG ALAN REDMOND SENIOR VICE PRESIDENT - PROGRAMS	40.0 0.0				✓			250,000	0	41,074
(5) MICHAEL RADCLIFFE CHIEF OF PARTY	40.0 0.0					✓		249,299	0	16,173
(6) JEREMIAH CENTRELLA GENERAL COUNSEL & ASSISTANT CORPORATE SECRETARY (PARTIAL)	40.0 0.0			✓				235,167	0	40,184
(7) ARTHUR PONT CHIEF PEOPLE STRATEGY & LEARNING OFFICER	60.0 0.0				✓			234,000	0	40,114
(8) ADRIENNE E KARECKI CHIEF DEVELOPMENT & MARKETING OFFICER	40.0 0.0					✓		223,062	0	39,458
(9) DAFNA RAND VICE PRESIDENT OF POLICY AND RESEARCH	40.0 0.0					✓		220,000	0	39,274
(10) DINA ESPOSITO VICE PRESIDENT OF TECHNICAL LEADERSHP	40.0 0.0					✓		205,075	0	38,379
(11) BARNES HUMPHREYS ELLIS SENIOR LEGAL COUNSEL & CORPORATE SECRETARY (PARTIAL)	40.0 0.0			✓				116,195	0	22,612
(12) MELINDA NAIR ASSISTANT CORPORATE SECRETARY	40.0 0.0			✓				79,582	0	24,263
(13) EMILY K CHOW ASSISTANT CORPORATE SECRETARY	40.0 0.0			✓				54,482	0	11,960
(14) JENNIFER COOPERMAN INTERIM CHIEF FINANCIAL OFFICER & TREASURER (PARTIAL)	40.0 0.0			✓				0	0	0

**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)	(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			
(15) DON ZARIN CORPORATE SECRETARY (PARTIAL)	40.0 0.0			✓				0	0	0
(16) NICK BLAZQUEZ CO-CHAIR (PARTIAL)	3.0 0.0	✓		✓				0	0	0
(17) SCOTT BROWN CO-CHAIR	10.0 0.0	✓		✓				0	0	0
(18) GISEL KODESTANI CO-CHAIR	30.0 0.0	✓		✓				0	0	0
(19) ROBERT NEWELL TREASURER (PARTIAL)	5.0 0.0	✓		✓				0	0	0
(20) RYAN CROCKER BOARD MEMBER	1.0 0.0	✓						0	0	0
(21) IMAN DAKHIL BOARD MEMBER (PARTIAL)	1.0 0.0	✓						0	0	0
(22) VIJAYA GADDE BOARD MEMBER	1.0 0.0	✓						0	0	0
(23) MARK GORDON BOARD MEMBER	4.0 0.0	✓						0	0	0
(24) ALLEN GROSSMAN BOARD MEMBER	3.0 0.0	✓						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								2,755,398	0	408,938
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								2,755,398	0	408,938

**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 **▶** 139

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	✓
<b>4</b> 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>	4	✓
<b>5</b> 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>	5	✓

**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
THOMPSON HABIB & DENISON INC, 80 HAYDEN AVE, SUITE 300, LEXINGTON, MA 02421	CONSULTING	636,270
SLALOM LLC, PO BOX 101416, PASEDNA, CA 91189-1416	PROJECT MANAGEMENT	354,070
SCHOLZVONGLEICH LLP, DOSTYK AVENUE, 180, 7TH FLOOR, ALMATY, A25D6T5, KZ	CONSULTING	332,674
ANNE LEWIS STRATEGIES, 650 MASSACHUSETTS AVE. NW, SUITE 5050, WASHINGTON, DC 20001	CONSULTING	321,741
EDGELINK, LLC, 2525 SW 1ST AVE SUITE 110, PORTLAND, OR 20005	TECHNOLOGY STAFFING	289,803

**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 **▶** 16



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 198,246,564				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 123,493,249				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 3,814,204				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		321,739,813			
	<b>Program Service Revenue</b>	<b>2a</b>	PROGRAM ACTIVITIES REVENUE	Business Code 900099	1,654,154	1,654,154	0
<b>b</b>		LOAN INTEREST AND FEES	Business Code 525990	195,031	195,031	0	
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .		0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		1,849,185			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		544,342	0	0	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	
	<b>5</b>	Royalties . . . . . ▶		108	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real	4,278			
			(ii) Personal	0			
			<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b> 0	0			
	<b>c</b>	Rental income or (loss)	<b>6c</b> 4,278	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶		4,278	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,373,355			
			(ii) Other	187,727			
			<b>7a</b>				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b> 1,372,420	0			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b> 935	187,727			
	<b>d</b>	Net gain or (loss) . . . . . ▶		188,662	0	0	
<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b> 0					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 0					
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		0		0		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b> 0					
		<b>b</b> Less: direct expenses . . . . .	<b>9b</b> 0				
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶		0	0	0		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b> 1,776					
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b> 0				
		<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		1,776	0	0	
<b>Miscellaneous Revenue</b>	<b>11a</b>	OTHER INCOME	Business Code 900099	156,420	0	29,000	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		156,420			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		324,484,584	1,849,185	29,000	866,586	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,291,454	1,291,454		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	89,481,819	89,481,819		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,826,193	1,016,324	1,795,653	14,216
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	84,880,876	56,953,853	23,613,867	4,313,156
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,766,948	1,224,395	448,429	94,124
9	Other employee benefits	29,318,677	19,607,667	8,216,269	1,494,741
10	Payroll taxes	4,280,325	2,871,381	1,192,210	216,734
11	Fees for services (nonemployees):				
a	Management				
b	Legal	1,458,682	198,541	1,204,015	56,126
c	Accounting	391,001	114,066	276,479	456
d	Lobbying	97,094			97,094
e	Professional fundraising services. See Part IV, line 17	1,415,151			1,415,151
f	Investment management fees	36,447		36,447	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,513,818	844,336	2,448,293	221,189
12	Advertising and promotion				
13	Office expenses	8,409,727	3,972,623	498,673	3,938,431
14	Information technology	3,476,755	1,974,021	1,310,422	192,312
15	Royalties				
16	Occupancy	6,394,466	5,085,575	1,169,456	139,435
17	Travel	14,287,141	140,542	11,456,203	2,690,396
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	247,235	21,974	183,666	41,595
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,593,759	1,407,222	981,589	204,948
23	Insurance	644,281	26,356	579,011	38,914
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	CONSUMABLES	17,917,618	17,906,457	11,161	
b	CONSTRUCTION	10,008,368	10,024,177	(15,809)	
c	TRAINING MONITORING AND EVALUATION	7,166,415	6,959,945	197,776	8,694
d	OTHER CONTRACTUAL	21,712,243	19,660,638	1,915,666	135,939
e	All other expenses	6,754,800	1,922,780	2,226,548	2,605,472
25	<b>Total functional expenses.</b> Add lines 1 through 24e	320,371,293	242,706,146	59,746,024	17,919,123
26	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	17,052,971	<b>1</b>	19,427,296
	<b>2</b> Savings and temporary cash investments . . . . .	33,573,574	<b>2</b>	69,912,863
	<b>3</b> Pledges and grants receivable, net . . . . .	34,607,084	<b>3</b>	30,887,548
	<b>4</b> Accounts receivable, net . . . . .	1,825,029	<b>4</b>	1,482,397
	<b>5</b> 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 . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	378,077	<b>7</b>	329,022
	<b>8</b> Inventories for sale or use . . . . .	1,810,405	<b>8</b>	960,690
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,706,489	<b>9</b>	4,761,563
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 60,561,542		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 30,516,809	31,111,026	<b>10c</b> 30,044,733
	<b>11</b> Investments—publicly traded securities . . . . .	15,516,225	<b>11</b>	9,965,887
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	16,974,309	<b>13</b>	16,272,455
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	14,150,343	<b>15</b>	11,979,932
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	172,705,532	<b>16</b>	196,024,386	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	46,457,589	<b>17</b>	49,543,955
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	41,230,103	<b>19</b>	46,494,761
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	14,733	<b>21</b>	14,945
	<b>22</b> 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 . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	8,502,303	<b>23</b>	19,628,125
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	855,486	<b>25</b>	925,897
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	97,060,214	<b>26</b>	116,607,683
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	68,074,923	<b>27</b>	68,701,698
	<b>28</b> Net assets with donor restrictions . . . . .	7,570,395	<b>28</b>	10,715,005
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
<b>32</b> Total net assets or fund balances . . . . .	75,645,318	<b>32</b>	79,416,703	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	172,705,532	<b>33</b>	196,024,386	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	324,484,584
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	320,371,293
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,113,291
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	75,645,318
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(278,841)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(63,065)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	79,416,703

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	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		✓
<b>b</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	✓	
<b>c</b>	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.	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
<b>b</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.	✓	

**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) LUCY HELM ----- BOARD MEMBER	3.5 ----- 0.0	✓						0	0	0
(26) DAVID MAHONEY ----- BOARD MEMBER	4.0 ----- 0.0	✓						0	0	0
(27) LINDA MASON ----- BOARD MEMBER	1.5 ----- 0.0	✓						0	0	0
(28) GEORGE PAPANDREOU ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(29) KEVIN RYAN ----- BOARD MEMBER	3.0 ----- 0.0	✓						0	0	0
(30) GAYLE TZEMACH LEMMON ----- BOARD MEMBER	1.0 ----- 0.0	✓						0	0	0
(31) MELISSA WAGGENER ZORKIN ----- BOARD MEMBER (PARTIAL)	5.0 ----- 0.0	✓						0	0	0



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

<b>Name of the organization</b> MERCY CORPS	<b>Employer identification number</b> 91-1148123
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a 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)						
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	344,019,886	313,388,896	308,220,968	309,347,661	321,739,813	1,596,717,224
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	344,019,886	313,388,896	308,220,968	309,347,661	321,739,813	1,596,717,224
<b>5</b> 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) . . . . .						111,703,004
<b>6 Public support.</b> Subtract line 5 from line 4						1,485,014,220

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	344,019,886	313,388,896	308,220,968	309,347,661	321,739,813	1,596,717,224
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	154,367	287,316	402,643	665,003	548,728	2,058,057
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	33,818	3,000	0	36,818
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	74,960	86,321	133,014	121,407	129,196	544,898
<b>11 Total support.</b> Add lines 7 through 10						1,599,356,997
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	7,555,697
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92.85 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	93.52 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five 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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2019.** 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 . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> 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 <b>Part VI identify those supported organizations and explain</b> 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.	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		



**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	OTHER	69,101	85,257	130,820	120,936	127,420	533,534
	SALE OF INVENTORY	5,859	1,064	2,194	471	1,776	11,364
	Total	74,960	86,321	133,014	121,407	129,196	544,898

**Schedule of Contributors**

**2019**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>MERCY CORPS</b>	Employer identification number <b>91-1148123</b>
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  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**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization <b>MERCY CORPS</b>	Employer identification number <b>91-1148123</b>
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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	----- ----- -----	\$ 165,318,629	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 26,615,115	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 15,210,187	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 12,317,377	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>MERCY CORPS</b>	Employer identification number <b>91-1148123</b>
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**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
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----

Name of organization <b>MERCY CORPS</b>	Employer identification number <b>91-1148123</b>
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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 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**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 <b>MERCY CORPS</b>	Employer identification number <b>91-1148123</b>
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**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	76,901													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	20,193													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	97,094													
<b>d</b>	Other exempt purpose expenditures	318,822,601													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	318,919,695													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
<b>j</b>	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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	94,084	65,962	23,905	97,094	281,045
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	9,174	6,085	1,253	76,901	93,413

**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
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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 expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, and questions about donor advisement.

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

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, and a table for held at the end of the tax year.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 on 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**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
<b>1a</b> Land	3,787,172			3,787,172
<b>b</b> Buildings	31,466,372		8,924,764	22,541,608
<b>c</b> Leasehold improvements	1,471,486		985,838	485,648
<b>d</b> Equipment	6,431,594		5,907,402	524,192
<b>e</b> Other	17,404,918		14,698,805	2,706,113
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				30,044,733



**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, 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	13,205,535	COST
(2) OTHER INVESTMENTS	3,066,920	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	16,272,455	

**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	11,979,932
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	11,979,932

**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	925,897
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	925,897

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). Columns include description, sub-column (2a-2d, 4a-4b), and final value column (1, 2e, 3, 4c, 5). Includes items like 'Total revenue, gains, and other support per audited financial statements'.

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). Columns include description, sub-column (2a-2d, 4a-4b), and final value column (1, 2e, 3, 4c, 5). Includes items like 'Total expenses and losses per audited financial statements'.

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

Horizontal dashed lines for providing additional 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 BOOK.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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. 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, 2020, 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.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ 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](http://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 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
<b>(1)</b> CENTRAL AMERICA AND THE CARIBBEAN	5	8	PROGRAM SERVICES, INVESTMENTS	(SEE STATEMENT)	9,860,044
<b>(2)</b> EAST ASIA AND THE PACIFIC	21	529	PROGRAM SERVICES	(SEE STATEMENT)	11,131,196
<b>(3)</b> MIDDLE EAST AND NORTH AFRICA	46	1,614	PROGRAM SERVICES, INVESTMENTS	(SEE STATEMENT)	83,270,386
<b>(4)</b> RUSSIA AND NEIGHBORING STATES	9	167	PROGRAM SERVICES, INVESTMENTS	(SEE STATEMENT)	18,032,654
<b>(5)</b> SOUTH AMERICA	1	194	PROGRAM SERVICES	(SEE STATEMENT)	20,100,870
<b>(6)</b> SOUTH ASIA	19	82	PROGRAM SERVICES, INVESTMENTS	(SEE STATEMENT)	3,235,821
<b>(7)</b> SUB-SAHARAN AFRICA	81	2,045	PROGRAM SERVICES	(SEE STATEMENT)	103,531,393
<b>(8)</b> NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROCUREMENT OF FUNDS	PROCUREMENT OF FUNDS	0
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	182	4,639			249,162,364
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	182	4,639			249,162,364

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 104

**3** Enter total number of other organizations or entities . . . . . ▶ 101

**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	1,311	810,936	CASH			
(2) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	64,531	2,940,558	CASH			
(3) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	2,330	1,229,031	CASH			
(4) VOUCHERS	MIDDLE EAST AND NORTH AFRICA	55,200	2,792,230	CASH			
(5) CASH TRANSFERS	SOUTH AMERICA	31,995	2,486,548	CASH			
(6) VOUCHERS	SOUTH AMERICA	809	29,843	CASH			
(7) CASH TRANSFERS	SOUTH ASIA	8,596	70,281	CASH			
(8) CASH TRANSFERS	SUB-SAHARAN AFRICA	74,686	2,170,835	CASH			
(9) CASH FOR WORK	SUB-SAHARAN AFRICA	13,569	1,420,373	CASH			
(10) VOUCHERS	SUB-SAHARAN AFRICA	244,322	10,847,804	CASH			
(11) MATERIAL AID	SUB-SAHARAN AFRICA	12,591			1,134,831	FOOD COMMODITIES	USAID
(12) MATERIAL AID	RUSSIA AND NEIGHBORING STATES	74,729			1,124,624	FOOD COMMODITIES	USAID
(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 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)		EAST ASIA AND THE PACIFIC	INSTITUTIONALIZING DISASTER PREPAREDNESS AND MANAGEMENT CAPACITY	27,900	EFT/WIRE			FMV
(2)		EAST ASIA AND THE PACIFIC	LOAN GUARANTEE MECHANISM	39,205	EFT/WIRE			FMV
(3)		SOUTH ASIA	THE PROMOTING AGRICULTURE, HEALTH AND ALTERNATIVE LIVELIHOODS (PAHAL) PROGRAM IS CONTRIBUTING TO FOOD SECURITY AMONG VULNERABLE POPULATIONS	86,119	EFT/WIRE			FMV
(4)		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY STRENGTHENING PROJECT	972,059	EFT/WIRE			FMV
(5)		MIDDLE EAST AND NORTH AFRICA	INVESTING IN SYRIAN HUMANITARIAN ACTION	930,952	EFT/WIRE			FMV
(6)		EAST ASIA AND THE PACIFIC	WOMEN'S MOBILE SAVINGS	336,063	EFT/WIRE			FMV
(7)		SUB-SAHARAN AFRICA	DRIVING YOUTH-LED NEW AGRIBUSINESS AND MICROENTERPRISE	276,536	EFT/WIRE			FMV
(8)		EAST ASIA AND THE PACIFIC	RESILIENT COMMUNITIES PROGRAM	383,697	EFT/WIRE			FMV
(9)		SOUTH ASIA	MANAGING RISK THROUGH ECONOMIC DEVELOPMENT	194,045	EFT/WIRE			FMV
(10)		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITIES LEADING DEVELOPMENT	1,149,479	EFT/WIRE			FMV
(11)		SUB-SAHARAN AFRICA	ADDRESSING FOOD AND NUTRITIONAL SECURITY	374,600	EFT/WIRE			FMV
(12)		EAST ASIA AND THE PACIFIC	BUILDING MARKET SHARE AND SOCIAL GOOD IN THAILAND, TO DEMONSTRATE THE BUSINESS CASE FOR INTEGRATING SOCIAL INVESTMENTS THAT IMPROVE THE LIVES OF SMALL HOLDER FARMERS	88,704	EFT/WIRE			FMV
(13)		MIDDLE EAST AND NORTH AFRICA	PROVIDING LEADERSHIP AND LIFE SKILLS FOR ADOLESCENTS AND YOUTH	361,500	EFT/WIRE			FMV
(14)		MIDDLE EAST AND NORTH AFRICA	ADVANCING ADOLESCENTS	782,829	EFT/WIRE			FMV

(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 YOUTH IN JORDAN					
(15)		MIDDLE EAST AND NORTH AFRICA	YOUTH FOR TOMORROW: BUILDING OPPORTUNITIES THROUGH SKILLS AND WELLBEING	512,052	EFT/WIRE			FMV
(16)		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY SECURITY AND STRENGTHENING	9,852	EFT/WIRE			FMV
(17)		MIDDLE EAST AND NORTH AFRICA	JORDAN WATER INNOVATIONS TECHNOLOGIES	2,765,040	EFT/WIRE			FMV
(18)		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYMENT OPPORTUNITY - IMPACT LABS	936,288	EFT/WIRE			FMV
(19)		MIDDLE EAST AND NORTH AFRICA	BETTER FUTURE THROUGH RECONCILIATION AND CONFLICT PREVENTION IN NINEWA	312,547	EFT/WIRE			FMV
(20)		EAST ASIA AND THE PACIFIC	SUPPORT FOR LEGAL REFORMS THAT WILL ENHANCE RELIGIOUS FREEDOM AND PROTECTION OF RELIGIOUS MINORITY RIGHTS	65,763	EFT/WIRE			FMV
(21)		RUSSIA AND NEIGHBORING STATES	IMPROVING DRINKING WATER QUALITY IN KYRGYZSTAN'S PRIMARY SCHOOLS	6,541	EFT/WIRE			FMV
(22)		SUB-SAHARAN AFRICA	IMPROVING THE FOOD AND NUTRITION SECURITY OF VULNERABLE HOUSEHOLDS	634,636	EFT/WIRE			FMV
(23)		SUB-SAHARAN AFRICA	STRENGTHENING COMMUNITY CAPACITIES FOR RESILIENCE AND GROWTH	152,912	EFT/WIRE			FMV
(24)		SUB-SAHARAN AFRICA	SECURING PEACE AND PROMOTING PROSPERITY IN KARAMOJA	65,451	EFT/WIRE			FMV
(25)		MIDDLE EAST AND NORTH AFRICA	CHILD AND ADOLESCENT FRIENDLY SPACES IN JORDAN'S ZAATARI REFUGEE CAMP	5,650	EFT/WIRE			FMV
(26)		SOUTH ASIA	CONTRIBUTE TOWARDS ACHIEVING THE TARGETS OF NATIONAL STRATEGIC PLAN ALIGNED WITH THE END TB STRATEGY FOR REDUCING THE BURDEN OF TB AND MDR-TB IN PAKISTAN	1,504,102	EFT/WIRE			FMV
(27)		SUB-SAHARAN	INCREASE THE	142,579	EFT/WIRE			FMV

(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)
		AFRICA	LITERACY AND NUMERACY (LEARNING OUTCOMES) OF GIRLS					
(28)		SUB-SAHARAN AFRICA	BUILDING BRIGHTER FUTURE TOGETHER - SELF-RELIANT REFUGEES AND RESILIENT HOST COMMUNITIES IN THE LAMWO DISTRICT PROGRAM	8,966	EFT/WIRE			FMV
(29)		SUB-SAHARAN AFRICA	ENGAGING YOUTH TO BUILD PEACEFUL COMMUNITIES IN MALI	288,660	EFT/WIRE			FMV
(30)		MIDDLE EAST AND NORTH AFRICA	ENGAGE WOMEN AND YOUTH IN TECHNOLOGY-ENABLED CAREERS BY ADDRESSING KEY BARRIERS TO THEIR EMPLOYMENT, CONNECTING THEM WITH EMPLOYMENT OPPORTUNITIES, AND FACILITATING THE GROWTH OF VIABLE STARTUPS	26,819	EFT/WIRE			FMV
(31)		EAST ASIA AND THE PACIFIC	PROMOTING ENTREPRENEURSHIP & DIGITAL FINANCIAL SERVICES FOR RURAL YOUTH	120,583	EFT/WIRE			FMV
(32)		SUB-SAHARAN AFRICA	INNOVATIVE APPROACHES TO BUILDING RESILIENCE FOR VULNERABLE POPULATIONS	32,142	EFT/WIRE			FMV
(33)		SUB-SAHARAN AFRICA	IMPROVE THE ACCESS OF THE MOST VULNERABLE CHILDREN AND THEIR FAMILIES TO ESSENTIAL GOODS AND SERVICES OF BASIC EDUCATION, INTEGRATE THEM INTO SCHOOL AND PROTECTION ACTIVITIES, AND REDUCE THE MORTALITY AND MORBIDITY RATES	122,350	EFT/WIRE			FMV
(34)		SUB-SAHARAN AFRICA	ASSISTING VULNERABLE, CONFLICT-AFFECTED COMMUNITIES IN SOUTH KORDOFAN STATE	58,398	EFT/WIRE			FMV

(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)
(35)		MIDDLE EAST AND NORTH AFRICA	EDUCATION AND EMPOWERMENT WITH #MEWESYRIA THROUGH YOUTH SUPPORT IN JORDANIAN REFUGEE CAMPS	35,889	EFT/WIRE			FMV
(36)		SOUTH AMERICA	ALTERNATIVE LIVELIHOODS TO GROWING COCA PROGRAM WILL INCREASE INCOME GENERATED FROM LEGAL, COMMERCIALY VIABLE ALTERNATIVES TO GROWING COCA BY INCREASING ACCESS TO KEY ASSETS.	719,270	EFT/WIRE			FMV
(37)		SOUTH ASIA	ENHANCE INDIVIDUAL, HOUSEHOLD AND COMMUNITY CAPACITY TO STRENGTHEN, PROTECT AND EFFECTIVELY ACCESS RESOURCES AND LIVELIHOODS STRATEGIES TO ENABLE RECOVERY FROM THE CURRENT DISASTER AND ENHANCE PREPAREDNESS AND RESPONSE MECHANISMS TO ABSORB FUTURE SHOCKS.	118,182	EFT/WIRE			FMV
(38)		EAST ASIA AND THE PACIFIC	MICROENTREPRENEURSHIP CAPACITY BUILDING AND GRANTS	5,173	EFT/WIRE			FMV
(39)		SUB-SAHARAN AFRICA	ZRBF RESILIENCE KNOWLEDGE HUB	71,143	EFT/WIRE			FMV
(40)		CENTRAL AMERICA AND THE CARIBBEAN	IMPROVE THE PREPAREDNESS OF KEY ACTORS IN HAITI TO EFFICIENTLY IMPLEMENT CASH TRANSFER PROGRAMS WHILE INCREASING THE CAPACITY TO CONDUCT TRANSFER PROGRAMS VIA DIGITAL FINANCIAL SERVICES.	13,234	EFT/WIRE			FMV
(41)		EAST ASIA AND THE PACIFIC	LOMBOK EARTHQUAKE EMERGENCY RESPONSE	23,594	EFT/WIRE			FMV
(42)		EAST ASIA AND THE PACIFIC	PROMOTING ORGANIZATIONS THAT WORK TO EMPOWER RICE FARMERS	581,513	EFT/WIRE			FMV

(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)
(43)		SUB-SAHARAN AFRICA	ENHANCING THE PRODUCTIVITY OF SMALL RUMINANTS THROUGH IMPROVED AND COST EFFECTIVE FEEDING AND ANIMAL HEALTH INTERVENTIONS IN BURKINA FASO AND NIGER	83,236	EFT/WIRE			FMV
(44)		MIDDLE EAST AND NORTH AFRICA	REDUCE THE VULNERABILITY OF CONFLICT-AFFECTED YOUTH THROUGH INCREASED LIVELIHOOD OUTCOMES, UTILIZING AN APPROACH THAT FOSTERS PSYCHOSOCIAL WELL-BEING	109,729	EFT/WIRE			FMV
(45)		MIDDLE EAST AND NORTH AFRICA	HOLISTIC HUMANITARIAN ASSISTANCE TO SYRIAN REFUGEES AND HOST COMMUNITIES IN LEBANON	32,972	EFT/WIRE			FMV
(46)		MIDDLE EAST AND NORTH AFRICA	YOUTH ADVANCEMENT FOR A PEACEFUL AND PRODUCTIVE TOMORROW (PEACE-PRO) IN JORDAN	136,400	EFT/WIRE			FMV
(47)		MIDDLE EAST AND NORTH AFRICA	PROTECTION AND HUMANITARIAN COORDINATION ASSISTANCE TO CONFLICT AFFECTED COMMUNITIES IN CENTRAL AND NORTHEAST SYRIA	249,022	EFT/WIRE			FMV
(48)		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE TO SULAWESI TSUNAMI IN INDONESIA	97,739	EFT/WIRE			FMV
(49)		EAST ASIA AND THE PACIFIC	INDONESIA EARTHQUAKE & TSUNAMI RESPONSE ADDRESSING COMMUNITY PRIORITIES FOR LONG-TERM RECOVERY AROUND WATER AND SANITATION INFRASTRUCTURE, ECONOMIC RECOVERY, AND MENTAL HEALTH	210,750	EFT/WIRE			FMV
(50)		RUSSIA AND NEIGHBORING STATES	IMPROVING HANDWASHING AND SANITATION IN SCHOOLS	7,099	EFT/WIRE			FMV
(51)		EAST ASIA AND THE PACIFIC	JOB CREATION THROUGH	28,701	EFT/WIRE			FMV

(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)
			PROFESSIONAL MENTORING					
(52)		SUB-SAHARAN AFRICA	STRENGTHENING ACCESS OF REFUGEES TO RENEWABLE ENERGY	34,439	EFT/WIRE			FMV
(53)		MIDDLE EAST AND NORTH AFRICA	INCREASING FOOD SECURITY FOR VULNERABLE HOUSEHOLDS TO BUILD RESILIENCE TO FUTURE CONFLICT SHOCKS AND STRESSORS	1,872,766	EFT/WIRE			FMV
(54)		SUB-SAHARAN AFRICA	YOUTH ACTION FOR SOCIAL COHESION IN TILLABERI	405,970	EFT/WIRE			FMV
(55)		MIDDLE EAST AND NORTH AFRICA	MULTI-PURPOSE CASH ASSISTANCE FOR THE MOST VULNERABLE CONFLICT AFFECTED HOUSEHOLDS IN IRAQ	832,500	EFT/WIRE			FMV
(56)		SUB-SAHARAN AFRICA	LIVELIHOOD ASSISTANCE TO SOUTH SUDANESE REFUGEES IN WHITE NILE STATE	76,913	EFT/WIRE			FMV
(57)		SUB-SAHARAN AFRICA	REDUCE THE LIKELIHOOD OF THE SPREAD AND THE IMPACT OF THE EBOLA VIRUS DISEASE (EVD) IN EASTERN DEMOCRATIC REPUBLIC OF THE CONGO.	68,990	EFT/WIRE			FMV
(58)		EAST ASIA AND THE PACIFIC	CENTRAL SULAWESI EARTHQUAKE WASH SUPPORT IN INDONESIA	164,685	EFT/WIRE			FMV
(59)		SUB-SAHARAN AFRICA	PREVENTING VIOLENT EXTREMISM ACTIONS THROUGH INCREASED SOCIAL COHESION EFFORTS	58,399	EFT/WIRE			FMV
(60)		SUB-SAHARAN AFRICA	COMMUNITY INITIATIVE TO PROMOTE PEACE	630,136	EFT/WIRE			FMV
(61)		SUB-SAHARAN AFRICA	INTEGRATED FOOD SECURITY, LIVELIHOOD, BASIC HEALTH, NUTRITION, WATER AND SANITATION SERVICES FOR CONFLICT AFFECTED AND VULNERABLE POPULATIONS	40,308	EFT/WIRE			FMV

(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)
(62)		SOUTH AMERICA	CRITICAL SERVICES FOR VENEZUELAN MIGRANTS IN COLOMBIA	70,000	EFT/WIRE			FMV
(63)		SUB-SAHARAN AFRICA	SOCIAL INCENTIVES PROGRAM TO IMPROVE THE QUALITY OF WORK FOR WASTE PICKERS INCLUDING - TRAINING, MICRO-CREDIT SCHEME, VARIABLE PAYMENT STRUCTURE	39,409	EFT/WIRE			FMV
(64)		EAST ASIA AND THE PACIFIC	INVESTING IN HUMAN CAPITAL FOR DISASTER MANAGEMENT IN INDONESIA	497,867	EFT/WIRE			FMV
(65)		MIDDLE EAST AND NORTH AFRICA	HARMONIZED MULTI-PURPOSE CASH ASSISTANCE TO MEET CRITICAL BASIC NEEDS AMONG VULNERABLE CONFLICT-AFFECTED HOUSEHOLDS	7,835,176	EFT/WIRE			FMV
(66)		EAST ASIA AND THE PACIFIC	CENTRAL SULAWESI AGRICULTURE RECOVERY	60,512	EFT/WIRE			FMV
(67)		SUB-SAHARAN AFRICA	INCREASING ACCESS TO BASIC SERVICES & LIVELIHOOD OPPORTUNITIES FOR COMMUNITIES IN SOUTH DARFUR	67,256	EFT/WIRE			FMV
(68)		SOUTH ASIA	EMERGENCY FUND FOR BANGLADESH FLOOD RESPONSE TO SUPPORT URGENT NEEDS	30,000	EFT/WIRE			FMV
(69)		MIDDLE EAST AND NORTH AFRICA	HUMANITARIAN ASSISTANCE TO CONFLICT-AFFECTED COMMUNITIES IN SOUTH AND CENTRAL SYRIA	1,850,924	EFT/WIRE			FMV
(70)		SUB-SAHARAN AFRICA	SOMALIA EMERGENCY ASSISTANCE AND EARLY MARKET RECOVERY PROGRAM	1,681,612	EFT/WIRE			FMV
(71)		CENTRAL AMERICA AND THE CARIBBEAN	DONATIONS RESPONDING TO HURRICANE DORIAN IN THE BAHAMAS	25,000	EFT/WIRE			FMV
(72)		SUB-SAHARAN AFRICA	KENYA DEVELOPMENT FOOD SECURITY ACTIVITY PROGRAM FOR RESILIENT	48,064	EFT/WIRE			FMV



(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)
			SYSTEMS					
(73)		MIDDLE EAST AND NORTH AFRICA	HOLISTIC HUMANITARIAN ASSISTANCE TO SYRIAN REFUGEES AND HOST COMMUNITIES IN LEBANON	87,394	EFT/WIRE			FMV
(74)		MIDDLE EAST AND NORTH AFRICA	CASH CONSORTIUM OF IRAQ MULTI-PURPOSE CASH ASSISTANCE AND ACCESS TO CRITICAL SERVICES FOR THE MOST VULNERABLE CONFLICT AFFECTED HOUSEHOLDS IN IRAQ	1,401,399	EFT/WIRE			FMV
(75)		SUB-SAHARAN AFRICA	STRENGTHENING CROSS BORDER LEARNING AND ACTION TO ADDRESS CONFLICT	77,464	EFT/WIRE			FMV
(76)		SUB-SAHARAN AFRICA	FIGHT AGAINST EBOLA THROUGH THE COMMITMENT OF REVITALIZED COMMUNITIES	1,761,618	EFT/WIRE			FMV
(77)		SUB-SAHARAN AFRICA	SUPPORT URBAN AND RURAL COMMUNITIES IN SOUTHERN MALI TO INCREASE RESILIENCE TO CONFLICT AND VIOLENT EXTREMISM	32,798	EFT/WIRE			FMV
(78)		MIDDLE EAST AND NORTH AFRICA	URGENT ASSISTANCE TO VULNERABLE FOOD-INSECURE FARMERS AND GMR-AFFECTED AND FEMALE HEADED HOUSEHOLDS IN THE GAZA STRIP	29,160	EFT/WIRE			FMV
(79)		EAST ASIA AND THE PACIFIC	MANAGING RISKS THROUGH ECONOMIC DEVELOPMENT	186,016	EFT/WIRE			FMV
(80)		EAST ASIA AND THE PACIFIC	WOMEN CAPACITY ACTION AND NORMS FOR PEACEBUILDING PROGRAM	80,610	EFT/WIRE			FMV
(81)		EAST ASIA AND THE PACIFIC	EMPOWERING WOMEN ENTREPRENEURS	42,214	EFT/WIRE			FMV
(82)		EAST ASIA AND THE PACIFIC	XYLEM EMERGENCY FUND TO SUPPORT RESPONSE EFFORTS IN INDONESIA	21,739	EFT/WIRE			FMV
(83)		SOUTH AMERICA	VENEZUELA REFUGEE RESPONSE	33,898	EFT/WIRE			FMV

(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)
			GENERAL SUPPORT					
(84)		SOUTH AMERICA	EMPOWERING AND CONNECTING WOMEN COFFEE GROWERS IN THE TAMBO, CAUCA WITH INTERNATIONAL CLIENTS	10,831	EFT/WIRE			FMV
(85)		CENTRAL AMERICA AND THE CARIBBEAN	MARKET ACCESS FOR SMALLHOLDERS IN GUATEMALA	25,134	EFT/WIRE			FMV
(86)		EAST ASIA AND THE PACIFIC	CENTRAL SULAWESI EARTHQUAKE WASH RECOVERY PROGRAM IN INDONESIA	31,552	EFT/WIRE			FMV
(87)		SUB-SAHARAN AFRICA	INNOVATIVE APPROACH TO BUILDING RESILIENCE FOR REFUGEES AND HOST POPULATIONS IN SOMALI REGION	8,559	EFT/WIRE			FMV
(88)		SUB-SAHARAN AFRICA	GAMBELLA LIVELIHOODS PROGRAMMED	142,136	EFT/WIRE			FMV
(89)		SOUTH ASIA	MANAGING RISKS THROUGH ECONOMIC DEVELOPMENT	39,946	EFT/WIRE			FMV
(90)		SOUTH ASIA	MANAGING RISKS THROUGH ECONOMIC DEVELOPMENT	39,946	EFT/WIRE			FMV

**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 WHICH OUTLINES THE 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 VISIT 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 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 NORTH AMERICA (CANADA & MEXICO ONLY): 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	CENTRAL AMERICA AND THE CARIBBEAN: 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	EAST ASIA AND THE PACIFIC: 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	MIDDLE EAST AND NORTH AFRICA: 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	RUSSIA AND NEIGHBORING STATES: 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.
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	SOUTH AMERICA: 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	SOUTH ASIA: 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	SUB-SAHARAN AFRICA: 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 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 or 990-EZ)**

**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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MERCY CORPS

Employer identification number

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			
<b>1</b> THOMPSON HABIB & DENISON INC, 80 HAYDEN AVE, SUITE 300, LEXINGTON, MA 02421	CONSULTING		✓	0	638,116	(638,116)
<b>2</b> MDS COMMUNICATION, 545 W JUANITA AVE, MESA, AZ 85210	TELEMARKETING		✓	318,616	104,843	213,773
<b>3</b> M&R STRATEGIC SERVICES, 1901 L STREET NW, SUITE 800, WASHINGTON, DC 20036	CONSULTING		✓	0	195,777	(195,777)
<b>4</b> ANNE LEWIS STRATEGIES LLC, 650 MASSACHUSETTS AVE, NW, SUITE 505, WASHINGTON, DC 20001	CONSULTING		✓	0	309,771	(309,771)
<b>5</b> DONOR SERVICES GROUP, 6715 SUNSET BLVD, LOS ANGELES, CA 90028	TELEMARKETING		✓	11,315	68,779	(57,464)
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				329,931	1,317,286	(987,355)

- 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, 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	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> 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	<b>1</b> Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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: \_\_\_\_\_

\_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MERCY CORPS

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							
(8) .....							
(9) .....							
(10) .....							
(11) .....							
(12) .....							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ .....
- 3** Enter total number of other organizations listed in the line 1 table ▶ .....

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

Cat. No. 50055P

Schedule I (Form 990) (2019)



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.
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	LINE 1 - SMALL BUSINESS INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) CLIENTS - MATCHED SAVINGS
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	LINE 3 - CASH ASSISTANCE FOR INDIVIDUALS RE-ENTERING CIVIL SOCIETY FROM INCARCERATION
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	LINE 4 - CASH GRANTS FOR EMERGENCY RESPONSE TO BUSINESSES AND INDIVIDUALS IMPACTED BY EARTHQUAKE ECONOMIC EFFECT
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	LINE 5 - CASH GRANTS TO AT RISK BUSINESSES DUE TO COVID-19

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Employer identification number

91-1148123

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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 checked="" 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>b</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>		✓
<p><b>2</b> 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>	✓	
<p><b>3</b> 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 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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>		✓
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>		✓
<p><b>c</b> 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>		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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><b>a</b> The organization? . . . . .</p>		✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
<p><b>6</b> 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><b>a</b> The organization? . . . . .</p>		✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
<p><b>7</b> 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>	✓	
<p><b>8</b> 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>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

**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 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	NEAL KENY-GUYER CHIEF EXECUTIVE OFFICER (PARTIAL)	(i) 334,823	(ii) 0	(iii) 0	16,388	26,074	377,285	0
	(ii) 0	0	0	0	0	0	0	0
2	LEESA W SHRADER AGRIFIN ACCELERATE - PROGRAM DIRECTOR	(i) 176,277	(ii) 0	(iii) 114,936	10,577	7,170	308,960	0
	(ii) 0	0	0	0	0	0	0	0
3	BETH DEHAMEL INTERIM CHIEF EXECUTIVE OFFICER (PARTIAL)	(i) 262,500	(ii) 0	(iii) 0	15,750	19,488	297,738	0
	(ii) 0	0	0	0	0	0	0	0
4	CRAIG ALAN REDMOND SENIOR VICE PRESIDENT - PROGRAMS	(i) 250,000	(ii) 0	(iii) 0	15,000	26,074	291,074	0
	(ii) 0	0	0	0	0	0	0	0
5	MICHAEL RADCLIFFE CHIEF OF PARTY	(i) 169,546	(ii) 0	(iii) 79,753	9,003	7,170	265,472	0
	(ii) 0	0	0	0	0	0	0	0
6	JEREMIAH CENTRELLA GENERAL COUNSEL & ASSISTANT CORPORATE SECRETARY (PARTIAL)	(i) 229,167	(ii) 6,000	(iii) 0	14,110	26,074	275,351	0
	(ii) 0	0	0	0	0	0	0	0
7	ARTHUR PONT CHIEF PEOPLE STRATEGY & LEARNING OFFICER	(i) 234,000	(ii) 0	(iii) 0	14,040	26,074	274,114	0
	(ii) 0	0	0	0	0	0	0	0
8	ADRIENNE E KARECKI CHIEF DEVELOPMENT & MARKETING OFFICER	(i) 223,062	(ii) 0	(iii) 0	13,384	26,074	262,520	0
	(ii) 0	0	0	0	0	0	0	0
9	DAFNA RAND VICE PRESIDENT OF POLICY AND RESEARCH	(i) 220,000	(ii) 0	(iii) 0	13,200	26,074	259,274	0
	(ii) 0	0	0	0	0	0	0	0
10	DINA ESPOSITO VICE PRESIDENT OF TECHNICAL LEADERSHP	(i) 205,075	(ii) 0	(iii) 0	12,305	26,074	243,454	0
	(ii) 0	0	0	0	0	0	0	0
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

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 - FIRST-CLASS OR CHARTER TRAVEL	EXECUTIVES MAY FLY FIRST CLASS ON INTERNATIONAL FLIGHTS WHEN BUSINESS CLASS IS NOT AVAILABLE AS PART OF NON-TAXABLE BENEFIT: NICHOLAS BLAZQUES \$9,754.
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: SHRADER, L \$29,224; RADCLIFFE, M \$18,370.
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	TAX INDEMNIFICATION: SHRADER, L \$63,378.
SCHEDULE J, PART I, LINE 1B - WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES	MERCY CORPS DOES NOT HAVE A STATED POLICY ON FIRST CLASS TRAVEL AS IT IS ONLY AVAILABLE TO EXECUTIVES AS AN OPTION IF BUSINESS CLASS IS NOT AVAILABLE. TAX INDEMNIFICATION AND HOUSING ALLOWANCE ARE PER POLICY.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	MERCY CORPS EVALUATES THE REASONABLENESS OF MAXIMUM VARIABLE COMPENSATION REGARDLESS OF WHETHER THE MAXIMUM OF THE VARIABLE COMPENSATION AMOUNT IS ACTUALLY PAID. NON FIXED PAYMENT OF A BONUS WAS PROVIDED TO FEW EMPLOYEES OF THE ORGANIZATION BASED ON COMPENSATION AND PERFORMANCE REVIEWED. THE BONUS WAS DETERMINED BASED ON PERFORMANCE IN COMPARISON TO PEER ORGANIZATIONS AND IN CONTEXT OF THE CHALLENGES FACED BY THE ORGANIZATION DURING THE YEAR. CENTRELLA, J \$6,000.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	STATE OF OREGON OREGON FACILITIES AUTHORITY	93-6001787		06/25/2015	9,130,000	(SEE STATEMENT)		✓		✓		✓
<b>B</b>												
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	1,313,622							
<b>2</b>	Amount of bonds legally defeased . . . . .	0							
<b>3</b>	Total proceeds of issue . . . . .	9,130,000							
<b>4</b>	Gross proceeds in reserve funds . . . . .	0							
<b>5</b>	Capitalized interest from proceeds . . . . .	0							
<b>6</b>	Proceeds in refunding escrows . . . . .	0							
<b>7</b>	Issuance costs from proceeds . . . . .	171,162							
<b>8</b>	Credit enhancement from proceeds . . . . .	0							
<b>9</b>	Working capital expenditures from proceeds . . . . .	0							
<b>10</b>	Capital expenditures from proceeds . . . . .	0							
<b>11</b>	Other spent proceeds . . . . .	8,958,838							
<b>12</b>	Other unspent proceeds . . . . .	0							
<b>13</b>	Year of substantial completion . . . . .	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓							
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓						
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓							

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

Cat. No. 50193E

Schedule K (Form 990) 2019

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.00 %		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		0.00 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .				%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .	✓							
<b>b</b> Exception to rebate? . . . . .		✓						
<b>c</b> No rebate due? . . . . .		✓						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓							



**Part IV Arbitrage** *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		✓						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		✓						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		✓						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	✓							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? . . . . .	✓							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

(SEE STATEMENT)

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Part VI

**Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: STATE OF OREGON OREGON FACILITIES AUTHORITY	BONDS WERE ISSUED TO PROVIDE FUNDING TO REFINANCE DEBT AND TO BUYOUT CONDO TENANT
SCHEDULE K, PART V - DIFFERENT PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	ISSUER NAME: STATE OF OREGON OREGON FACILITIES AUTHORITY N/A

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

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 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	163	1,367,285	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	✓	2,047	2,259,095	SELLING COST
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( COMPUTER EQUIPMENT )	✓	366	187,824	MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29	0
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	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a		✓
b If "Yes," describe in Part II.		
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
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS FOOD INVENTORY - METRIC TONS OF FOOD OTHER - COMPUTER EQUIPMENT NUMBER OF ITEMS CONTRIBUTED

**SCHEDULE O  
(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the Organization  
**MERCY CORPS**

Employer Identification Number  
**91-1148123**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	OF POSSIBILITY, WHERE EVERYONE CAN PROSPER. OUR MISSION IS TO ALLEVIATE SUFFERING, POVERTY AND OPPRESSION BY HELPING PEOPLE BUILD SECURE, PRODUCTIVE AND JUST COMMUNITIES.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$35,103,201 INCLUDING GRANTS OF \$13,128,767)(REVENUE \$267,452)  CIVIL SOCIETY AND EDUCATION: MERCY CORPS FOSTERS GOOD GOVERNANCE AT EVERY LEVEL TO SUPPORT DEVELOPMENT IN COMMUNITIES GRAPPLING WITH COMPLEX PROBLEMS, SUCH AS CONFLICT, FAMINE, AND CLIMATE CHANGE. WE ALSO WORK TO BRING ACCESS TO EDUCATION TO WOMEN AND MEN OF ALL AGES AND ECONOMIC GROUPS TO HELP ENSURE A BETTER FUTURE FOR ALL.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$29,754,696 INCLUDING GRANTS OF \$11,128,400)(REVENUE \$226,702)  HEALTH: IN COMMUNITIES AROUND THE WORLD, MERCY CORPS IMPROVES SUSTAINABLE ACCESS TO AFFORDABLE AND NUTRITIOUS FOOD, PROMOTES HEALTHY AND DIVERSE DIETS, OFFERS HEALTH AND NUTRITION SERVICES FOR MOTHERS AND CHILDREN, AND STRENGTHENS COMMUNITY HEALTH CENTERS.
FORM 990, PART V, LINE 3B - REASON FOR NOT FILING FORM 990-T	THE FORM 990-T TO BE FILED PRIOR TO MAY 15 DEADLINE
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	CG, TT, ET, GG, GT, HA, IN, IZ, JO, KZ, KE, KG, LE, LI, LY, ML, MG, NP, NG, NI, PK, RQ, SO, SU, TI, TZ, TS, UG, YM, ZA, ZI, OD
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	THE BOARD CREATED A NEW BOARD LEVEL COMMITTEE IN FY20. THE NEW JOINT ETHICS AND SAFEGUARDING COMMITTEE WAS CREATED TO SPECIFICALLY DEAL WITH ISSUES OF ETHICS, COMPLIANCE, INVESTIGATIONS AND COMPLAINTS RELATED TO SEXUAL EXPLOITATION AND ABUSE ALLEGATIONS AGAINST MERCY CORPS OR ITS TEAM MEMBERS. THESE INVESTIGATIONS AND COMPLAINTS HAD PREVIOUSLY BEEN PART OF THE JOINT AUDIT AND RISK COMMITTEE'S REMIT.  DURING FY20, THE BOARD MAKE UP CHANGED AS THREE BOARD MEMBERS LEFT THE BOARD AND HAD NOT BEEN REPLACED AS OF THE END OF THE FISCAL YEAR. ADDITIONALLY, THE CEO RESIGNED AND WAS REPLACED ON THE BOARD BY THE INTERIM CEO.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	MERCY CORPS IS A MEMBER ORGANIZATION WITH MERCY CORPS EUROPE AND SEEKS TO OPERATE AS A SINGLE AGENCY AS MUCH AS POSSIBLE, CONSISTENT WITH THEIR RESPECTIVE GOVERNING LAWS, DOCUMENTS, AND MAJOR DONOR REQUIREMENTS.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	AS A MEMBER ORGANIZATION, NEW DIRECTORS WILL BE VOTED IN BY CURRENT MEMBERS OF THE JOINT GOVERNING BOARD DURING AN ANNUAL MEMBER MEETING.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	UNDER THE GOVERNANCE AGREEMENT THE MEMBERS HAVE A SUPER MAJORITY VOTE REQUIREMENT FOR REMOVAL OF A DIRECTOR, MERGER OR ACQUISITION, OR DISSOLUTION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE PROCESS FOR APPROVING THE FORM 990 IS AS FOLLOW: THE CHIEF FINANCIAL OFFICER (CFO) 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 CFO AND SUBMITTED TO THE IRS. AT THE REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING FOLLOWING THE SUBMISSION, THE AUDIT COMMITTEE, THE CEO OR THE CFO 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 CFO RESOLVE THE ISSUE BEFORE THE AUDIT COMMITTEE WILL VOTE ON A RESOLUTION APPROVING THE 990.
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 SIGNATURES THAT THEY ABIDE BY THE TERMS OF THE CONFLICT OF INTEREST POLICY. RETURNED COIS ARE REVIEWED BY THE LEGAL DEPARTMENT TO IDENTIFY ANY CONFLICTS OF INTEREST. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE GLOBAL CONTROLLER WILL BE NOTIFIED FOR REPORTING PURPOSES AND THE BOARD WILL VOTE ON THE CONFLICT OF INTEREST. DURING THE YEAR, THE BOARD MEMBER(S) WITH A CONFLICT WILL RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON ANY MATTER WITH WHICH THEY HAVE A CONFLICT.

Return Reference - Identifier	Explanation					
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	OFFICER COMPENSATION AT MERCY CORPS 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. COMPENSATION AT MERCY CORPS IS CONSIDERED MID-MARKET AND REASONABLE AND INCREASES TO OCCUR BASED ON MERIT, MARKET CONDITION AND PROMOTION.					
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	ALL POSITIONS REVIEWED ANNUALLY.					
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, 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.					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="464 693 1304 724">(a) Description</th> <th data-bbox="1308 693 1515 724">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 730 1304 762">ELIMINATE REVALUATION OF SPLIT-ASSET AGREEMENTS IN REVENUE</td> <td data-bbox="1308 730 1515 762">- 63,065</td> </tr> </tbody> </table>		(a) Description	(b) Amount	ELIMINATE REVALUATION OF SPLIT-ASSET AGREEMENTS IN REVENUE	- 63,065
	(a) Description	(b) Amount				
ELIMINATE REVALUATION OF SPLIT-ASSET AGREEMENTS IN REVENUE	- 63,065					
ELIMINATE REVALUATION OF SPLIT-ASSET AGREEMENTS IN REVENUE	- 63,065					

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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	440,000	1,711,000	MERCY CORPS
(2) CIT SERVICES (82-2362222) 45 SW ANKENY ST, PORTLAND, OR 97204	HOLDING CO.	OR	(10,000)	8,000	MERCY CORPS
(3) MERCY CORPS LTD GTE 7TH FLOOR NIGERIA REINSURANCE BLDG, 784A HERBERT MACAULAY WY, ABUJA, NORTH CBD, NI	FIELD OFFICE REGISTRATION	NIGERIA	0	0	MERCY CORPS
(4) MERCY CORPS CHINA HOLDINGS LLC (46-3342076) 1209 ORANGE STREET, WILMINGTON, DE 19801	HOLDING CO.	DE	0	0	MERCY CORPS
(5)					
(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) 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 410 SEIFULLIN STREET 3RD FLOOR, ALMATY, KZ	ECONOMIC DEVELOPMENT	KAZAKHSTAN			MERCY CORPS	✓	
(3) KOMPANION DEVELOPMENT TOGOLOK MOLDO 10, BISHKEK, KG	MICROFINANCE ACTIVITY	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, FLUWELLEN BURG WAL 58, DEN HAAG, 2511 CJ, NL	HUMANITARIAN ASSISTANCE	NETHERLANDS			N/A		✓
(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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> 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 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 BANK CLOSED JOINT STOCK COMPANY TOGOLOK MOLDO 10, BISHKEK, KG	MICROFINANCE ACTIVITY / BANK	KYRGYZSTAN	MERCY CORPS	C CORPORATION	1,883,000	33,081,000	65%	✓	
(2) MERCY CORPS INDIA SHOP NO 3 VASANT KUNJ, NEW DELHI, 1110070, IN	ECONOMIC DEVELOPMENT	INDIA	MERCY CORPS	C CORPORATION	(151,000)	(3,000)	100%	✓	
(3) KOMPANION INVEST TOGOLOK MOLDO 10, BISHKEK, KG	MICROFINANCE ACTIVITY	KYRGYZSTAN	MERCY CORPS	C CORPORATION	1,000	12,000	100%	✓	
(4) MERCY CORPS INTERNATIONAL JORDAN QUEEN NOUR STREET, AMMAN, JO	ECONOMIC DEVELOPMENT	JORDAN	MERCY CORPS	C CORPORATION	0	0	100%	✓	
(5) MC EGYPT LLC 2 AL MALAK AL AFDAL STREET ZEMALEK, CAIRO, EG	ECONOMIC DEVELOPMENT	EGYPT	MERCY CORPS	C CORPORATION	0	0	100%	✓	
(6) ASIAN CREDIT FUND MCO LLC 36 DZHANDOSOV STR, ALMATY, KZ	ECONOMIC DEVELOPMENT	KAZAKHSTAN	MERCY CORPS	C CORPORATION	0	0	50%	✓	
(7) BEIJING MERCY CORPS LTD XIUSHUI STREET 7-2-73, CHAOYANG DISTRICT, BEIJING, CH	FUNDRAISING AND PROGRAM IMPLEMENTATION	CHINA	MERCY CORPS CHINA HOLDINGS LLC	C CORPORATION	0	0	100%	✓	