OMB No 1545-0687 **Exempt Organization Business Income Tax Return** 990-T (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30, **20** 19 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasur Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). A Check box if address changed D Employer identification number (Employees' trust, see instructions) MERCY CORPS B Exempt under section **Print** √ 501( C (√)3) 91-1148123 Number, street, and room or suite no. If a P.O. box, see instructions or E Unrelated business activity code 45 SW ANKENY ST 408(e) 220(e) Type (See instructions.) ☐ 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 561000 52<u>9(a)</u> PORTLAND, OR 97204 C Book value of all assets at end of year Group exemption number (See instructions ) ▶ ☐ 401(a) trust G Check organization type ► 🗸 501(c) corporation ☐ 501(c) trust Other trust 172,705,532 H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here ▶ ADMINISTRATIVE AND SUPPORT SERVICES If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Tyes 7 No If "Yes," enter the name and identifying number of the parent corporation (503) 896-5000 The books are in care of ▶ RACHEL MARDOCK Telephone number ▶ Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales 0 Balance ▶ 0 Less returns and allowances 1c b 2 0 2 Cost of goods sold (Schedule A, line 7) 0 0 3 3 Gross profit Subtract line 2 from line 1c 4a 0 0 4a Capital gain net income (attach Schedule D) 0 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 n Capital loss deduction for trusts 4c С 5 Income (loss) from a partnership or an S corporation (attach statement) 5 0 0 6 0 0 0 6 Rent income (Schedule C) 7 0 0 Ō Unrelated debt-financed income (Schedule E) 7 0 0 0 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 0 0 0 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 SCANNED 10 0 0 0 10 Exploited exempt activity income (Schedule I) 11 0 0 0 4 Advertising income (Schedule J) 6.000 6,000 12 Other income (See instructions, attach schedule) 6,000 13 6.000 0 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income) 0 14 Compensation of officers, directors, and trustees (Schedule K) 14 RECEIVED 0 15 Salaries and wages 15 0 16 Repairs and maintenance 16 **RS-0S** 17 Bad debts JUL 22 2020 17 0 18 0 18 Interest (attach schedule) (see instructions) 19 0 19 Taxes and licenses OGDEN, UT 20 0 20 Charitable contributions (See instructions for limitation rules) 21 0 21 Depreciation (attach Form 4562) 22b n 22a Less depreciation claimed on Schedule A and elsewhere on return 23 0 23 Depletion 24 0 24 Contributions to deferred compensation plans 25 n 25 Employee benefit programs 26 0 26 Excess exempt expenses (Schedule I) 27 0 Excess readership costs (Schedule J) 28 29 0 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 0 **3**b 6,000 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 3 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 6.000 Unrelated business taxable income Subtract line 31 from line 30 32 Form 990-T (2018) For Paperwork Reduction Act Notice, see instructions. Cat No 11291J

Mercy Corps- 91-1148123

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Part	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		
		33	6,000
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		l
	instructions)	35	6,000
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	.37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0
Part	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	12.23	
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	ļ
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0
Part	V Tax and Payments	-	<u></u> -
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a	<b>基</b>	
b	Other credits (see instructions)		1
c	General business credit. Attach Form 3800 (see instructions)	<b>授</b>	<b>,</b>
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	3.00	
e	Total credits. Add lines 45a through 45d	450	o
46	Subtract line 45e from line 44	46	0
47	Other taxes. Check if from: Form 4255 Form 8811 Form 8697 Form 8866 Other (atlach schedule).	47	0
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	98.9	
b	2018 estimated tax payments		
C	Tax deposited with Form 8868		ì
đ	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d		[
e	Backup withholding (see instructions)		
, f	Credit for small employer health insurance premiums (attach Form 8941) . 501		
<b>[</b> 9	Other credits, adjustments, and payments: Form 2439		
<b>'</b>	☐ Form 4136 ☐ Other 0 Total ► 50g 0	200 A	
51	Total payments. Add lines 50a through 50g	51 52	58,169
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 2.75	54	58,169
_55	Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ 0 Refunde €	55	58,169
Part \	Statements Regarding Certain Activities and Other Information (see instructions)		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or ot		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	y have to f	ile
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	reign count	ry (Called
	here (SEE STATEMENT)		
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	elgn trust?	
	If "Yes," see instructions for other forms the organization may have to file.		
_58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		<b>医多数</b>
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my knowle	edge and bellef, it is
Sign			discuss this return
Here		wan the prep (see instruction	parer shown below ms)? [∑]Yes []No
	Signature of office Date Title	<u> </u>	, [] []
Paid	Print/Type preparer's name Preparer's signature Date  JENNIFER BECKER HARRIS 7/15/20 Ch	eck 🔲 if	PTIN
Prepa	arer	f-employed	P00183358
Use C	Only Frm's name ► CLARK NUBER Fim	n's EIN ▶	91-1194016
			25) 454-4919
		Fo	rm <b>990-T</b> (2018)

Form 990T Part I, Line 12	Other Income		
	Description		Amount
A DAMINICATION FOR AND CHIRDON CO	TO VICES		6,000
(1) ADMINISTRATIVE AND SUPPORT SE	KVICES	Total for Part I, Line 12	6,000



## Form 990T Part II, Line 20 Charitable Contributions Amount Used in Prior Years Amount Used in Current Year Amount Converted to NOL Contribution Carryover Expires Year Generated Amount Generated Amount Remaining 2017 300 600 49,100 2022 50,000 2018 25,000 2023 25,000 300 600 74,100 Totals 75,000



## Form 990T Part III, Line 35 Deduction for net operating loss ansing in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Pnor Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2012	22,137		2,700	5,400	14,037	2022
Totals	22.137	0	2.700	5,400	14.037	



## Form 990T Part V, Line 50b

Estimated Tax Payments

	Date		Amount
06/01/2019			28,569
11/14/2019			20,000
11/14/2019			9,600
		Totals	58.169

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Form 990T Part VI, Line 56

Foreign Countnes where Organization had an interest in Financial Accounts

Countries

AF, BF, BM, CG, CO, CT, ET, GG, GR, GT, HA, IS, IZ, JO, KE, KG, LE, LI, MG, ML, NG, NI, NP, OD, PK, SO, TI, TS, TT, TU, TZ, UG, UP, YM