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## **Exempt Organization Business Income Tax Return**

OMB No 1545-0047

Fo	rm	1-UE		(an	d proxy t	ax under sec	tion	6033(e))		2006		<b>ଉ</b> ⋒ <b>4 0</b>
			For cale	ndar year 2019 or of	ther tax year be	ginning 07/01	, 2019,	and ending	06/30	<b>, 20</b> 20 .		2019
		ent of the Treasury				9907 for instruction					Onen	to Public Inspection for
Int		Revenue Service	▶ Do i			m as it may be made			ation is	a 501(c)(3).		(3) Organizations Only
A		Check box if iddress changed			on (	box if name changed	and see	e instructions)				dentification number trust, see instructions)
		pt under section	Print	MERCY CORPS							•	· ·
		on( C ) <b>U</b> 3 )	or			no If a P O box, see i	nstructi	ons		E Upre		-1148123 usiness activity code
(	40		Туре	45 SW ANKENY			1 -	l anda			instruc	-
1	_	08Ą 🔲 530(a) 19(a)		PORTLAND, OR		untry, and ZIP or foreig	n posta	i code				56
Ċ,	Book	value of all assets	F Gr	oup exemption r		instructions ) >						
	at en	d of year 196,024,386		<del></del>		501(c) corporati	on	501(c) t	rust	☐ 401(a	) trust	Other trust
H	En	ter the number	of the c	organization's un	related trade	s or businesses.	<u> </u>	1	Des	scribe the oi	nly (or	first) unrelated
												one, describe the
						entence, complete	e Parts	s I and II, co	mplete	a Schedul	e M f	or each additional
_				omplete Parts III								
ı				•	-	affiliated group or		nt-subsidiary	controll	ed group"	•	☐ Yes ☑ No
_		res, enter the e books are in a				parent corporati	on. ►	Toloph	000.00	mbor N		(503) 896-5000
				e or Business				(A) Incom		mber ► (8) Expens		(C) Net
	1a	Gross receipts			29,000			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~		•
	b	Less returns a		-	0	c Balance ▶	1c	2	9,000			
	2	Cost of goods	sold (S	Schedule A, line 7	7)		2		0			aire i
707	3	Gross profit. S	Subtract	line 2 from line	1c		3	2	9,000			29,000
	4a			ne (attach Sched	•		4a		0			0
2)	þ		-	4797, Part II, line		•	4b		0			0
~7	c			n for trusts .			4c		<u> </u>	<del> </del>		0
2	5		trom			poration (attach	_				1	
		statement)					5		0			0
	6			le C)			6		0		0	0
L.I	7 8			ced income (Sch			7		0		0	0
5	9		•	s, and rents from a c ection 501(c)(7), (9),	-		8		0		0	0
3	0			ivity income (Sch	· · · -	ation (Scriedule G)	10		0	<del></del> -	0	0
,	1	Advertising inc		-	ledule I)		11	<del>-</del> -	0		0	0
-	2	•	•	structions, attach	n schedule)		12		0			
	3	Total. Combin	•		./		13	2	9,000		0	29,000
G	art					tructions for limi	tation	s on deduct	ions.) (	Deductions	s mus	st be directly
_				he unrelated bu								<u> </u>
	4	•		cers, directors, a			٦				14	0
	5	Salaries and w		/.	· RE	CEIVED	:		•		15	0
	6	Repairs and m									16	0
	7 8	laterest (attack	a condo	./ lule) (see instruct	ISI MAY	0 4 2021	) 				17 18	0
	9			· · · · ·	400 k) · · · · · · · · · · · · · · · · · ·		۲).		• •		19	0
	20	Depreciation (a			1	DEN, UT	-	20	• •		-13	
	1					where on return	.لـ	21a	-		21b	o
	2	Depletion							٠		22	0
	3			red compensation	on plans						23	0
2	4	Employee ben	efit pro	grams							24	0
2	5	Excess exemp	t exper	nses (Schedule I)	٠						25	0
	:6	/	•	sts (Schedule J)						•	26	0
	7	,	•	ach schedule)							27	66,682
	8			ld lines 14 throug							28	66,682
	9 /					erating loss deduc					29	(37,682)
3	9/			_	_	years beginning			-	,		•
1	/	instructions) .				20 from line 20	• •				30	(37.693)
	1	Unrelated busi	ness ta	xable income. S	ubtract line	ou from line 29	<u></u> :	· · · · ·	<u> </u>	<u>.</u>	31	(37,682)

For Paperwork Reduction Act Notice, see instructions.

Cat No 11291J

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Form **990-T** (2019)



Lett	Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or	businesses (s	36		
	Instructions)		- 32	ŀ	a
33	Amounts paid for disallowed fringes		. 33	<del></del>	
34	Charitable contributions (see instructions for limitation rules)				Õ
35	Total unrelated business taxable income before pre-2018 NOLs and specific deducti			+	
	34 from the sum of Enes 32 and 33				_
~			-	·	0
36	Deduction for net operating lose arising in tax years beginning before January	y 1,2018 (s⊿	36 E		
	**structions**	• • • • •	- 36		0
37	Total of unrelated business taxable income before specific deduction. Subtract fine 36	from tine 35	. 37		0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 38	<b>—</b> —	. 0	
39	Unrelated business taxable income. Subtract line 38 from line 37, if line 38 is greater				
	enter the smedier of zero or time 37			1	O
D-2-4	Y Tax Computation		.   088	+	
			<del>- 1 ==</del>	·lē ·	
40	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>▶</b> 40	<u> </u>	0
41	Trusts Taxable at Trust Rates. See instructions for tax computation. In		n 🚉	3	
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	1	41		
42	Proxy tax. See instructions		- 42		
43	Alternative minimum tax (trusts only)		43	1	
44	Tex on Noncompliant Facility Income. See instructions			·	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			<del> </del>	
	Tax and Payments	· · · · ·	. 45	<u>} </u>	
		1	la(ma.e	T	
<b>46</b> a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 46a			٠  ١	
b				3	
¢	General business credit. Attach Form 3800 (see instructions)			1 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
e	Total credits. Add lines 46a through 46d		46e		0
47	Subtract line 46e from fine 45		47	<del>                                     </del>	0
48	Cher taxes. Check 2 from:			┿┈──	Ö
				+=-	0
49	Total tax. Add lines 47 and 48 (see instructions)		<u> </u>		· · · · · · · · · · · · · · · · · · ·
<b>5</b> 0	2019 net 965 tax liability paid from Form 965A or Form 965-8, Part II, column (4, line	1			
50 51a	2019 net 965 tax trabitity paid from Form 965A or Form 965-B, Part II, column (4), line Payments: A 2018 overpayment credited to 2019	1			
51a	Payments: A 2018 overpayment credited to 2019				
51a b	Payments: A 2018 overpayment credited to 2019				-
51á b e d	Payments: A 2018 overpayment credited to 2019				
51a b	Payments: A 2018 overpayment credited to 2019				
51a b c d e f	Payments: A 2018 overpayment credited to 2019				
51á b e d	Payments: A 2018 overpayment credited to 2019		0		
51a b c d e f	Payments: A 2018 overpayment credited to 2019		0		
51a b c d e f	Payments: A 2018 overpayment credited to 2019		0 1 2		0
51a b c d e f	Payments: A 2018 overpayment credited to 2019		0 1 2		0
51a b c d e f 9	Payments: A 2018 overpayment credited to 2019		0 1 2		0
51a b c d e f 9	Payments: A 2016 overpayment credited to 2019		0 1 2 3 3 5 3		0
51a b c d e f 9 52 53 54 55	Payments: A 2018 overpayment credited to 2019	verpaid	0 52 53 54 55		
51a b c d e f 9 52 53 54 55 56	Payments: A 2018 overpayment credited to 2019	verpaid	0 52 53 54 55		0
51a b c d e f 9 52 53 54 55 56	Payments: A 2018 overpayment credited to 2019	verpaid	0 50 50 50 50 50 50 50 50 50 50 50 50 50		0
51a b c d e f 9 52 53 54 55 56	Payments: A 2018 overpayment credited to 2019	verpaid	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 Yes No
51a b c d e f 9 52 53 54 55 56	Payments: A 2018 overpayment credited to 2019	verpaid	0 52 53 54 556 56 say have	to file	0 0 Yes No
51a b c d e f 9 52 53 54 55 56	Payments: A 2018 overpayment credited to 2019	verpaid	0 52 53 54 556 56 say have	to file	0 0 Yes No
51a b c d e f 9 52 53 54 55 56	Payments: A 2018 overpayment credited to 2019	verpaid	0 52 53 54 556 56 say have	to file	0 0 Yes No
51a b c d e f 9 52 53 54 55 56	Payments: A 2018 overpayment credited to 2019	verpeid . 0 Refunded instructions) a signature or congenization manne of the fe	0 S2 S3 S6 S6 S7 S6 S7	to file	0 0 Yes No
51a b c d e f 9 52 53 54 55 56	Payments: A 2016 overpayment credited to 2019	verpeid . 0 Refunded instructions) a signature or congenization manne of the fe	0 S2 S3 S6 S6 S7 S6 S7	to file	Yes No
51a b c d e f 9 52 53 54 55 56 Parti	Payments: A 2018 overpayment credited to 2019	verpaid	0 S2 S3 S6 S6 S7 S6 S7	to file	0 0 Yes No
51a b c d e f 9 52 53 54 55 56	Payments: A 2016 overpayment credited to 2019	verpeid	0 52 53 56 She seign bus	to file cumbry	Ves No
51a b c d e f 9 52 53 54 58 56 261 57	Payments: A 2018 overpayment credited to 2019	verpaid	0 SS	to file cumby	Ves No
51a b c d e f 9 52 53 54 55 56 2613 57	Payments: A 2018 overpayment credited to 2019	verpaid	0 50 50 50 50 50 50 50 50 50 50 50 50 50	to file cumbry	Vest No.
51a b c d e f 9 52 53 54 58 56 261 57	Payments: A 2018 overpayment credited to 2019 51a 2019 estimated tax payments 51b Tax deposited with Form 8868 51c Foreign organizations: Tax paid or withheld at source (see instructions) 51d Barbup withholding (see instructions) 51e Credit for small employer health insurance premiums (attach Form 8941) 51f Other credits, adjustments, and payments: Form 2439 51g Form 4136 70 Total 51g Estimated tax penelty (see instructions). Check if Form 2220 is attached Tax date. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount owed Overpayments. If line 52 is larger than the total of lines 49, 50, and 53, enter amount owed Overpayments. Regarding Certain Activities and Other Enformation (see in At any time during the 2019 calendar year, did the organization have an interest in ora over a financial account (bank, securities, or other) in a foreign country? If "Yes," the over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the here 5 (SEE STATEMENT) Duzty the tax year, did the organization receive a distribution from, or was it the granter of, or to fi "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accound during the tax year 5 1 that care year of country indicates that the country is band on at interests of which and shall have correspondenced a during the tax year 5 1 that care year of country indicates that the correspondenced or at interests of which and shall have correspondenced and shall have correspondenced as interests and and shall have correspondenced as interests and shall have correspondenced as interests.  All the payments	verpaid	0 State of the sta	to file curity	Ves No
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51a b c d e f 9 52 53 54 58 56 Paid	Payments: A 2018 overpayment credited to 2019 51a  2019 estimated tax payments 51b  Tax deposited with Form 8868 51c  Foreign organizations: Tax paid or withheld at source (see instructions) 51d  Backup withholding (see instructions) 51e  Credit for small employer health insurance premiums (attach Form 8941) 51f  Other credits, adjustments, and payments: Form 2439 70 Total 51f  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached  Tax does. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  Overpayments. If line 52 is targer than the total of lines 49, 50, and 53, enter amount owed  Overpayments. If line 52 is targer than the total of lines 49, 50, and 53, enter amount owed  At any time during the 2019 calendar year, did the organization have an interest in or a over a financial account (bank, securities, or other) in a foreign country? If "Yes," the over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the here 50 (SEE STATEMENT)  Duby the tax year, did the organization receive a distribution from, or was it the genter of, or to if "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or account during the tax year 50 takes and state to a consistent complete. Destructions for other forms the organization account on a interest or a state tax consistent complete. Destruction of preserv (other than tax year) 1719  Payment a spine.  Preparer's signature  Financial account of tax exempt interest received or account during the tax year 50 tax tax consistent complete. Destruction of preserv (other than tax year) 1719  Preparer's signature  Financial account of tax exempt of the tax year of the payment	verpaid  O Refunded I retructions) a signature or o organization m mame of the for ereferent to, a for the ments, and to the to the ments, and the the to the ments, and the to the ments, and the to the ments, and	0 SS	to file purity  0 nowindpe  0 proposer proposer proposer	Vest No  Ves
51a b c d e f 9 52 53 54 55 56 Sign Here	Payments: A 2018 overpayment credited to 2019	verpaid  O Refunded instructions)  a signature or corganization manne of the formation of t	o state and the state of the st	to file puritry  0 movindo	Vest No  Ves

Form990-T (2019)

Page 2

	90-1 (2019)					_								age J
Sche	dule A—Cost of Good	ls Sold. E	nter	method of ir	rvento	ry va	luation 🕨							
1	Inventory at beginning o	f year	1		0	6	Inventory a	at e	end of year	•	6			Ō
2	Purchases	. [	2		0	7	Cost of g	300	ds sold. Subtract li	ıne				
3	Cost of labor	[	3		0		6 from line	e 5.	Enter here and in P	art				
4a	Additional section 263	A costs					I, line 2			7	1		0	
	(attach schedule)		4a		0	8	Do the ru	iles	of section 263A (v	with	respe	ect to	Yes	No
þ	Other costs (attach sche	edule) [	4b		0				duced or acquired for			apply		]
5	Total. Add lines 1 through		5		0		_		zation?					
Sche	dule C-Rent Income	(From Re	eal F	Property and	l Pers	onal	Property	Le	ased With Real P	rope	erty)			
(see	nstructions)													
1. Desc	ription of property													
(1)														
(2)			_											
(3)		· · · · · · · · · · · · · · · · · · ·												
(4)														
		2. Rent rece	ived o	r accrued										
	om personal property (if the perce personal property is more than 10 more than 50%)		p	(b) From real ar ercentage of rent 50% or if the rent	for perso	onal pro	perty exceeds	•	3(a) Deductions direc in columns 2(a) a					ie
(1)			1					ヿ						
(2)														
(3)			1	·										
(4)			1					T						
Total		(	Tot	tal				0	(b) Total daduations					
here a	tal income. Add totals of col	olumn (A)		<b>•</b>				0	(b) Total deductions. Enter here and on pag Part I, line 6, column (	ge 1,			_	0
Sche	dule E—Unrelated De	bt-Finance	ced	<b>income</b> (see	instruc	ctions	)		6 Dad satisfied discassing		- 4I	46 11-		
							ome from or	ļ	3. Deductions directly of debt-fine				cable to	)
	1. Description of deb	t-financed pro	perty		alloca		debt-financed perty	(á	a) Straight line depreciatio (attach schedule)		(b)	Other de		\$
(1)														
(2)														
(3)														
(4)														
	4. Amount of average acquisition debt on or illocable to debt-financed iroperty (attach schedule)	of c debt-fi	r alloc nance	justed basis able to d property hedule)		4 dr	olumn vided lumn 5	7	7. Gross income reportable (column 2 × column 6)	e (		locable d n 6 × tota 3(a) and	l of colu	
(1)							%		_					
(2)							%	Π						
(3)						·	%							
(4)							%							_
									nter here and on page art I, line 7, column (A)			ere and line 7, c		
Totals							•			0				0
Total o	dividends-received deduction	ons included	d in c	olumn 8 .					•		•			0

0 Form **990-T** (2019)

Schedule F-Interest, Ann	uities	s, Royalties,				ganizations (se	e instru	ctions)		
-			Exempt	Controlled	Organizations				<u></u>	
Name of controlled organization		2. Employer ification number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with income in column 5	
(1)		= -								
(2)						<u> </u>				
(3)										
(4)									<del></del> .	
Nonexempt Controlled Organia	ation	s								
7. Taxable Income		3. Net unrelated inc (loss) (see instructi			otal of specified yments made	10. Part of column included in the corganization's grounds.	controlling	conne	11. Deductions directly connected with income in column 10	
(1)										
(2)							•			
(3)										
(4)										
						Add columns 5 Enter here and c Part I line 8, co	on page 1,	Enter I	columns 6 and 11 here and on page 1, , line 8, column (B)	
Totals .					<u> </u>			0	0	
Schedule G-Investment I	ncor	ne of a Secti	ion 501(			zation (see inst	tructions			
1. Description of income		2. Amount of	ıncome	direc	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	L	and s	otal deductions set-asides (col. 3 plus col. 4)	
(1)										
(2)										
(3)										
(4)										
Totals	<b>&gt;</b>	Enter here and Part I, line 9, c	olumn (A).	0			1	Part I, II	re and on page 1, ine 9, column (B).	
Schedule I - Exploited Exe	empt	Activity Inco	me, Ot	ner Than	Advertising In	icome (see inst	ructions	<u>s)</u>		
Description of exploited activity	ty	2. Gross unrelated business incor from trade of business	ne conr	Expenses directly nected with duction of nrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses Itable to Imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		-								
(2)									-	
(3)									<u>†                                      </u>	
(4)										
Totals .	•	Enter here and page 1, Part I line 10, col (A	l, pag	here and on e 1, Part I 10, col (B) 0					Enter here and on page 1 Part II, line 25	
Schedule J-Advertising I	ncon	ne (see instruc							<u> </u>	
Part I Income From P				Consoli	dated Basis					
1. Name of periodical		2. Gross advertising income	3	Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)					- 4					
Totals (carry to Part II, line (5)) .	<b>•</b>		0	0	0				0	
	-		-,		<u> </u>		1.		000 T	



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

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)		_					
Totals from Part I	<b></b>	0	0				0
		Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	<b>&gt;</b>	0	0				0
Schedule K-Compensation	on of (	Officers, Direc	tors, and Tru	stees (see instru	uctions)		
				~	3. Percent of	4. Compensa	tion attributable to

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		. >	0

Form **990-T** (2019)



## Form 990T Part III, Line 34 Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2017	50,000	900			49,100	2022
2018	25,000				25,000	2023
Totals	75,000	900	0	0	74,100	

Mercy Corps- 91-1148123 7 4/6/2021 8 15:29 PM



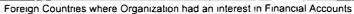


## Form 990T Part III, Line 36

Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2012	22,137	600	8.700		14,037	2022
Totals	22,137	600	8,700	0	14,037	

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## Countries

AF, BB, BF, CG, CO, CT, ET, GG, GT, HA. IN, IS, IZ, JO, KE, KG, KZ, LE, LI, LY, MG, ML, NG, NI, NP, OD, PK, RQ, SO, SU, TI, TS, TT, TZ, UG, UV, YM, ZA, ZI

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