Return of Organization Exempt From Income Tax

DLN: 93493028018151 OMB No. 1545-0047

2019

Form **990**

Department of the

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 $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public Inspection

Treasu Interna		nue Service		gov/ <u>Form990</u> for instructions	and the i	atest inforn	1411011.		Inspection
				inning 07-01-2019 , and end	ling 06-30	0-2020			
		pplicable:	C Name of organization	·			D Employ	er identi	fication number
		change	Mercy Corps				91-114	8123	
	me ch	-	Doing business as				-		
_	tial ret al retur	turn n/terminated	Mercy Corps						
		d return		mail is not delivered to street address) Room/sui	te	E Telepho	ne numbei	f
□ Ар	plicati	on pending	45 SW Ankeny St				(503) 8	396-5000)
			City or town, state or province, co Portland, OR 97204	ountry, and ZIP or foreign postal code					
							G Gross re	eceipts \$ 3	25,857,004
			F Name and address of princi Jennifer Cooperman	pal officer:		H(a) Is th	s a group re	turn for	
			45 SW Ankeny St				rdinates?		□Yes 🗹 No
			Portland, OR 97204			H(b) Are a inclu	ill subordina ded?	tes	☐ Yes ☐No
I Ta	x-exer	mpt status:	✓ 501(c)(3) □ 501(c)()	◀ (insert no.)	□ 527			•	instructions)
J W	ebsit	te:► ww	w.mercycorps.org			H(c) Grou	p exemptior	number	•
						1.4 66		 	- Cl. L. . .
K Forr	n of o	rganization:	Corporation Trust As	sociation Other >		L Year of form	iation: 1981	M State WA	of legal domicile:
D,	art I	Sum	mary						
Г			scribe the organization's mission	or most significant activities:					
	r	Mercy Cor	ps is a global team of humanitar	ians, working together on the fro	ont lines of	today's bigg	est crises to	create a	future of possibility
e)				is to alleviate suffering, poverty	and oppre	ssion by help	ing people b	uild secu	re, productive and
<u>≅</u>	1	just comm	iunities.						
Ĕ	-								
9	-								
IJ				discontinued its operations or displacements				assets.	1 42
× ૦ જ	1		-	ing body (Part VI, line 1a)					12
Activities & Governance	1		· -	of the governing body (Part VI, li calendar year 2019 (Part V, line 2	•			5	692
₹	1		' '	, , ,	,		•	6	
ĕ	1		•	ecessary)			•	7a	29,000
	1			art VIII, column (C), line 12 om Form 990-T, line 39			•	7a 7b	29,000
	В	Net unrei	ated business taxable income in	om Form 990-1, line 39			ior Year	76	Current Year
		Contribut	tions and grants (Part VIII, line 1	h)		PI		661	
₹	1		• • •		309,347,		321,739,813		
Ravenue	1	-	service revenue (Part VIII, line 2	9) • • • • • • • • • • • • • • • • • • •	•		1,475, 760,		1,849,189 733,00
æ	1		renue (Part VIII, column (A), line		•		152,		162,58
	1			nust equal Part VIII, column (A), I	line 12)		311,736,		324,484,58
	_		<u></u>	column (A), lines 1–3)			89,944,		90,773,27
	1		• • •	column (A), line 4)			05,544,	037	30,773,27
	1		•	benefits (Part IX, column (A), line			121,962,	270	123,073,01
Expenses	1			umn (A), line 11e)	•		1,922,		1,415,15
æ	1		raising expenses (Part IX, column (D	, ,,			1,322,	200	1,415,15
ă	1			s 11a–11d, 11f–24e)			107,501,	566	105,109,850
	1			qual Part IX, column (A), line 25)			321,330,		320,371,29
	1		,	from line 12			-9,593,		4,113,29
- S	-	Revenue	1633 expenses. Subtract fine 10	nomme 12 i i i i	• •	Beginning	of Current		End of Year
Net Assets or Fund Balances									
Bak	20	Total ass	ets (Part X, line 16)				172,705,	532	196,024,38
절	21	Total liab	ilities (Part X, line 26)				97,060,	214	116,607,683
žZ	22	Net asset	s or fund balances. Subtract line	e 21 from line 20	•		75,645,	318	79,416,70
Pa			ature Block			•			
				mined this return, including acco					
any k			i, it is true, correct, and comple	te. Declaration of preparer (other	i tilali ollic	er) is baseu i	on an inioni	iation of	willcii preparei nas
		Tk							
		Signati	* ure of officer			20; Da	21-01-28 te		
Sign		' '							
Here	5	Jennife Type o	r Cooperman Interim Chief Financial r print name and title	Officer					
		17	rint/Type preparer's name	Preparer's signature	In	ate		PTIN	
Dair	4		imy type preparer a name	Treparer s signature	ا ا	Ch	eck 📙 if	P0018335	8
Paid			irm's name				f-employed m's EIN ▶ 91	-1194016	
Pre	•	اء ال							
Use	Un	'' y	irm's address ▶ 10900 4th Street NE	Suite 1400		Ph	one no. (425)	454-4919	
			Bellevue, WA 98004	<u> </u>					
May t	he IR	S discuss	this return with the preparer sh	own above? (see instructions)				. ✓	Yes 🗆 No

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Sei	rvice Accomplis	hments		
	Check if Sche	dule O contains a re	esponse or note to	any line in this Part III .		🗹
1	Briefly describe the o	organization's missi	on:			
					ay's biggest crises to create a	
every	one can prosper. Our	mission is to allevia	ate suffering, pover	ty and oppression by he	lping people build secure, prod	ductive and just communities.
	Did the evention	undertake anvesien	ificant program con	vices during the year wh	siah wara nat liatad an	
2	-	, ,		,	iich were not listed on	☐ Yes ☑ No
						□ Yes ▼ No
_	If "Yes," describe the					
3	-		or make significant	changes in how it condu	icts, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sch	edule O.			
4		d 501(c)(4) organiz	zations are required	to report the amount of	largest program services, as n f grants and allocations to oth	
4a	(Code:) (Expenses \$	74,236,633	including grants of \$	27,764,860) (Revenue \$	565,611)
	See Additional Data					
4b	(Code:) (Expenses \$	64,243,626	including grants of \$	24,027,427) (Revenue \$	489,474)
	See Additional Data					
4c	(Code:) (Expenses \$	39,367,990	including grants of \$	14,723,819) (Revenue \$	299,946)
	See Additional Data					
	See Additional Data	Table				
4d	Other program servi	ces (Describe in Scl	nedule O.)			
	(Expenses \$	64,857,897	including grants of	\$ 24,257,1	67) (Revenue \$	494,154)
		vice expenses ▶	242,706,1			

Par	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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? If "Yes," complete Schedule D, Part VII	11b		No
	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? If "Yes," complete Schedule D, Part VIII 2	11c	Yes	
	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? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	140
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		N
145	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Yes	No
	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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No (2019)

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \ref{Matter}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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 $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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 No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 231		163	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3				
	Enter the number of employees reported on Form W-3, Transmittal of Wage and							
20	Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes					
b	AF , HA , IN , IZ , JO , KZ , KE , KG , LE , LI , LY , ML , MG ,							
Ea	NP, NG, NI, PK, RQ, SO, BB, SU, TI, TZ, TS, UG, Waythe ortanithanamanthoforoignichichtextx stelle all anytime during the takteapo, GT.	5a		No No				
	See instructions for figure energy for the organization that it was of a party to a perhibited tax seal (FBAR). Did any taxable for ty notify the organization that it was of a party to a perhibited tax shelter transaction?	5a 5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No				
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No				

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
• -	Fatouble and the second of the second of the second of the second of the territory of the second of		Yes	No
Ia	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
40-	Did the consultation have been been been been been as a felicitation	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_	.,	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
D	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?			
	<u> </u>	16b		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
1/	CA , FL , GA , AL , HI , IL , KS , KY , MD , NH , NJ , NM , NY , NC , OR , PA , RI , SC WV , WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in 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			
			OO	(2010)

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
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■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. Sie 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi	year.		•						, ,		-	n's ta	Κ
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Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

	n 990 (2019) Int VIII Section A. Officers, Direct	tors, Trustee	s. Kev	Emp	lov	ees	, and	Hia'	hest Co	mpens	ate	d Employees	(conti	nued)	Page 8
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	one bo	οα, ι an of	ot che unles officer 'trust	neck messer and a stee) Highest compensat	rson a	Rep- comp fro orga (W-2	(D) opertable pensation om the unization 2/1099- MISC)	1	(E) Reportable compensation from related organizations (W-2/1099- MISC)	5	(F) Estimated amount of other compensation from the organization and related organizations	
	A 3200 Date Table		<u> </u>	T.		\perp	at ed								
	Additional Data Table		-	_	\vdash	+	_	+-					+		
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1b !	Sub-Total		<u> </u>	Ļ.	<u>.</u>	<u>.</u>	<u> </u> ▶[<u></u>	<u></u>				\top		
_	Total from continuation sheets to P Total (add lines 1b and 1c)	Part VII, Section				_	>		2,	,755,398			0		408,938
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos			abov	e) who	o rec				0,000			
						—								Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .	,		tee, k	,		oyee,	or hi	ghest co	mpensa	ted .	employee on	3	Yes	Ī
4	For any individual listed on line 1a, is organization and related organization individual											the .			
5	Did any person listed on line 1a recei services rendered to the organization										indiv	vidual for	5	Yes	No
Se	ection B. Independent Contract			<u> </u>	_	<u> </u>		_							
1	Complete this table for your five high from the organization. Report compe												npens	ation ———	
		(A) and business addre	ess							+		(B) iption of services		(C Compen	nsation
	npson Habib & Denison Inc ayden Ave Suite 300									Consulti	ng				636,270
Lexing	m LLC					_				Project I	Mana	gement			354,070
PO Bo Pased	ox 101416 dena, CA 911891416											3			,
Dosty 180 7	lzvongleich LLP yk Avenue 7th Floor ty A25D6T5									Consulti	ng				332,674
	Lewis Strategies									Consulti	ng				321,741
Suite	Massachusetts Ave NW : 5050 nington, DC 20001														
Edgeli	link LLC									Technol	ogy S	Staffing			289,803
Portla	SW 1st Ave Suite 110 and, OR 20005	The Property		· .			~			• • • •		****	- 6		
	Total number of independent contractor compensation from the organization ▶		: not lim	ilted t	o th	ıose	listea	abov	ve) who r	received	d mo	re than \$100,00			(3510)
4													1	Form 999	0 (2019)

		(2019)								Page 9
Part	VIII						line in this Deat VIII			
		Check if Sched	dule	O contains a	respo	ense or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	18	a Federated campa	igns	· .	1a	0		revenue	l	512 - 514
Grants mounts		b Membership dues	5.	. [1b	0				
Sra	١,	c Fundraising even	ts .	[1c	0				
IS, (d Related organizat		-	1d	0				
Giff		e Government grants		-	1e	198,246,564				
ıs,		f All other contributio		Ļ	16	130,240,304				
tior sr S		and similar amounts	not not	included	1f	123,493,249				
Contributions, Gifts, Grants and Other Similar Amounts	,	g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	3,814,204				
Cor		h Total. Add lines :	1a-1	f		•	321,739,813			
						Business Code	321,739,013			
	2a	Program Activities Re	venu	ie		900099	1,654,154	1,654,154	0	0
<u>a</u>						900099				
ke veru	b	Loan Interest and Fee	es			525990	195,031	195,031	0	0
vice F	c									
r Ser	d									
Program Service Revenue	е									
•	f	All other program	serv	rice revenue.			0	0	0	0
	g	Total. Add lines 2	2a-2	f	>	1,849,185				
		Investment income			nds, i	nterest, and other	544,34	2	0	544,342
		similar amounts). Income from invest			• npt bo	ond proceeds		0 (
		_					100	8 (0	108
				(i) Real		(ii) Personal				
	۶-	Cuara namba			4.070					
		Gross rents Less: rental	6a		4,278	1				
	U	expenses	6b		0)				
	c	Rental income	6.		4 270					
	or (loss) 6c 4,278 0 4,278 4,278 4,278		8 (0	4,278					
		· Net rental income	. 01 1	(i) Securit		(ii) Other	1		,	4,2,0
	7a	assets other than inventory Less: cost or			73,355		- 7			
	b			1,3	72,420	(0			
	С	Gain or (loss)	loss) 7c		935	187,72	7			
	c	Net gain or (loss)	•				188,663	2	0	188,662
Other Revenue	8a	Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on	0 of line 1c).						
Şe					8a 8b	0	_			
- La		Less: direct expen Net income or (los					_	0	0	0
Æ	•	3, (103	, "			ents •	1			
	9a	Gross income from See Part IV, line 19			9a	0				
	b	Less: direct expen	ses		9b	0	1			
	c	: Net income or (los	s) fr	om gaming a	ctiviti	es >		0 (0	0
	10	aGross sales of inve	nto	ny loca						
	TU	aGross sales of inve returns and allowa			10a	1,776				
	b	Less: cost of good	s so	ld	10b	0	1			
	c	Net income or (los	s) fr	om sales of i	nvent	ory >	1,77	6	0	1,776
		Miscellaneo				Business Code				
	11	•aOther income				900099	156,420	0	29,000	127,420
	b	•								
	c									
	_		_							
		All other revenue Total. Add lines 1				•	-	0 (0	0
							156,420	0		
	12	Total revenue. S	ee ir	istructions .	•		324,484,584	1,849,185	29,000	866,586 Form 990 (2019)

Statement of Europianal Expanses				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to an		=		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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 (non-employees):				· · · · · · · · · · · · · · · · · · ·
a Management				
b Legal	1,458,682	198,541	1,204,015	56,126
c Accounting	391,001	114,066	276,479	456
-	97,094	114,000	2,0,473	97,094
d Lobbying	1,415,151			1,415,151
e Professional fundraising services. See Part IV, line 17	36,447		26.447	1,413,131
f Investment management fees		044 226	36,447	221 100
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 in 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 Total functional expenses. Add lines 1 through 24e	320,371,293	242,706,146	59,746,024	17,919,123
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

Liabilities

Fund Balances

ō 29

Assets

26

27

28

30

31

32

33

19,427,296

69,912,863

30,887,548

1,482,397

329.022

960.690

4,761,563

30,044,733

9,965,887

14,945

19,628,125

925,897

116.607.683

68,701,698

10,715,005

79,416,703

196,024,386

Form 990 (2019)

0

0

0

(B) End of year

Beginning of year

Page **11**

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

1	Cash-non-interest-bearing	17,052,971
2	Savings and temporary cash investments	33,573,574
3	Pledges and grants receivable net	34 607 084

Pledges and grants receivable, net . Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Inventories for sale or use . . Prepaid expenses and deferred charges . 10a basis. Complete Part VI of Schedule D

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 Investments—publicly traded securities .

Investments—program-related. See Part IV, line 11

10b Intangible assets .

12 13 14 15 Other assets. See Part IV, line 11 . . . 16

Investments—other securities. See Part IV, line 11 . Accounts payable and accrued expenses

17 18 Grants payable .

19 Deferred revenue . . .

Total assets. Add lines 1 through 15 (must equal line 34) . 20 Tax-exempt bond liabilities .

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key

21 22

23 24

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

25

Complete Part X of Schedule D

Unsecured notes and loans payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here > 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties

9 10c 11

1

2

3

4

5

6

7

1,825,029

378.077

1.810.405

5,706,489

31,111,026

15,516,225

16,974,309

14,150,343

172,705,532

46,457,589

41,230,103

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0 24

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23

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26

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30 0

31

32

33

14,733

8,502,303

855,486

97.060.214

68,074,923

7,570,395

75,645,318

172,705,532

0

0

60.561,542

30,516,809

12 13 16,272,455 14 15 11,979,932 16 196,024,386 17 49,543,955

18 19 46.494.761 20 21

3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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 in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19010655
Software Version: 2019v5.0

EIN: 91-1148123

Name: Mercy Corps

Form 990 (2019)

POITH 990 (2019)

Form 990, Part III, Line 4a:

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.

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.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: 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.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (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.

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.

(Code:) (Expenses \$ 29,754,696 including grants of \$ 11,128,400) (Revenue \$ 226,702

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation any houre director/trustee) canization (M. organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours	۱ ۹	irect	or/tr	ruste	ee)		organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Beth deHamel	40.0	x						262 500		25.220	
Interim Chief Executive Officer (partial)	0.0			X				262,500	0	35,238	
Gisel Kodestani	30.0	l									
Co-Chair		×		X				0	0	0	

334,823

42,462

0

0

				1	
Beth deHamel	40.0				
		Х	Х		
Interim Chief Executive Officer (partial)	0.0				
Gisel Kodestani	30.0				
diser Rodestam		X	x		
Co-Chair	0.0				
Neal Keny-Guyer	40.0				
Wedi Keny Gayer		X	x		
Chief Executive Officer (partial)	0.0				
Nick Blazquez	3.0	, and the second		·	
Nick Blazquez		x	x		

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and Independent Contractors

Co-Chair (partial)

Treasurer (partial)

Robert Newell

Scott Brown

Allen Grossman

Board Member

David Mahoney Board Member

Board Member

Board Member

George Papandreou

Gayle Tzemach Lemmon

Co-Chair

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person amount of other hours per compensation compensation compensation from the

organization and related organizations

0

0

0

22,612

116,195

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	week (list any hours		oth ai direct		and a ee)	ì	from the organization (W-	from related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	C
Iman Dakhil	1.0	l							
Board Member (partial)	0.0	X					0	0	
Kevin Ryan	3.0	l							
Board Member	0.0	X					0	0	
Linda Mason	1.5	Х					0	0	
Board Member	0.0	l							
Lucy Helm	3.5	l							
Board Member	0.0	X					0	0	

and Independent Contractors

Board Member

(partial)

Don Zarin

Barnes Humphreys Ellis

Corporate Secretary (partial)

Senior Legal Counsel & Corporate Secretary

Kevin Ryan	3.0				0	0	
Board Member	0.0	X			0	0	
Linda Mason	1.5				0	0	
Board Member	0.0	X			0	0	
Lucy Helm	3.5	l			0	0	
Board Member	0.0	X			0	0	
Mark Gordon	4.0						

	0.0						
Lucy Helm	3.5						
Board Member	0.0	X			0	0	
Mark Gordon	4.0						
Board Member	0.0	Х			0	0	
Melissa Waggener Zorkin	5.0						
Board Member (partial)	0.0	X			0	0	
	1.0						

Board Member	0.0						
Mark Gordon	4.0	l					
Board Member	0.0	X			0	0	
Melissa Waggener Zorkin	5.0						
Board Member (partial)	0.0	X			0	0	
Byan Crocker	1.0						

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0.0

40.0

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	4.0						
Mark Gordon		×			0	n	
Board Member	0.0					,	
Melissa Waggener Zorkin	5.0						
Decord Manuel and (constitution)		Х			0	0	
Board Member (partial)	0.0						
Rvan Crocker	1.0						

	0.0							
Melissa Waggener Zorkin	5.0	٧.					,	-
Board Member (partial)	0.0	Χ			0	0)
Ryan Crocker	1.0	V						_
Board Member		Х			0	0	()

Х

Х

Board Member (partial)	0.0						
Ryan Crocker	1.0						
,		Х			0	0	
Board Member	0.0						
Vijava Gadde	1.0						

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Chief People Strategy & Learning Officer

Chief Development & Marketing Officer

Vice President of Policy and Research

Vice President of Technical Leadershp

AgriFin Accelerate - Program Director

Senior Vice President - Programs

Craig Alan Redmond

Adrienne E Karecki

Dafna Rand

Dina Esposito

Leesa W Shrader

	any hours		direct	or/tı	ruste	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Emily K Chow	40.0			х				54,482	0	11,960
Assistant Corporate Secretary	0.0			^				51,102		11,500
Jennifer Cooperman	40.0			х				0	0	0
Interim Chief Financial Officer & Treasurer (partial)	0.0									
Jeremiah Centrella	40.0									
General Counsel & Assistant Corporate Secretary (partial)	0.0			Х				235,167	0	40,184
Melinda Nair	40.0								_	

,	0.0	1 1					
Jeremiah Centrella	40.0						
General Counsel & Assistant Corporate Secretary			Χ		235,167	0	
(partial)	0.0						
Melinda Nair	40.0						
			Х		79,582	0	
Assistant Corporate Secretary	0.0				,		

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Jeremiah Centrella	40.0						
General Counsel & Assistant Corporate Secretary	0.0		Χ		235,167	0	
(partial)	0.0						
Melinda Nair	40.0						
			Х		79,582	0	
Assistant Corporate Secretary	0.0				,		
Arthur Pont	60.0						

			X		0	0	0
Interim Chief Financial Officer & Treasurer (partial)	0.0						
Jeremiah Centrella	40.0						
General Counsel & Assistant Corporate Secretary			Х		235,167	0	40,184
(partial)	0.0						
Melinda Nair	40.0						
			X		79,582	0	24,263
Assistant Corporate Secretary	0.0						

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Χ

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234,000

250,000

223,062

220,000

205,075

291,213

ol

0

0

0

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40,114

41,074

39,458

39,274

38,379

17,747

and Independent Contractors (A) Name and Title

(B)

0.0

Institutio

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Reportable compensation from the organization (W-2/1099-MISC) 249,299

(D)

- (E) Reportable compensation from related organizations (W- 2/1099-MISC)

amount of other compensation from the organization and related organizations

16,173

Estimated

Michael Radcliffe

Chief of Party

trustee

efile GRAPHIC print - DO NO			nt - DO NOT PROCESS	DLN: 9	DLN: 93493028018151						
SC	HED	ULE A	Public (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047			
990EZ)			Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019			
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of the Corps	he organiza	tion				Employer identific	ation number			
мегсу	COLDS						91-1148123				
	rt I		for Public Charity Statu a private foundation because				See instructions.				
1 1	organiz		•	•			(A)(i)				
2		•	,	or association of churches described in section 170(b)(1)(A)(i). (b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
			. , ,		`	, ,					
3		·	or a cooperative hospital serv	-			-	akan khan lan an Skalla			
4	Ш	name, city,	esearch organization operate and state:	a in conjunction with	a nospital descri	ibed in section :	170(b)(1)(A)(III). E	nter the nospital s			
5		-	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in			
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. Se					ege or university or a			
10		from activit investment	ation that normally receives: ties related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a				
а		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization super nt of the supporting organiza plete Part IV, Sections A a	tion vested in the sar							
c		Type III f	unctionally integrated. A s organization(s) (see instruction	upporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter				-		<u> </u>				
g	Provi	de the follow	ing information about the su	pported organization(s).						
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
_											
Tota			tion Act Notice, see the In		Cat. No. 11285			 90 or 990-EZ) 2019			

Section B. Total Support Calendar vear

Amounts from line 4. . Gross income from interest. dividends, payments received on securities loans, rents, royalties

(or fiscal year beginning in) ▶

and income from similar sources

the business is regularly carried on

Other income. Do not include gain or loss from the sale of capital

Section C. Computation of Public Support Percentage

assets (Explain in Part VI.). . Total support. Add lines 7

through 10

Net income from unrelated business activities, whether or not

10

(f) Total

1,596,717,224

2,058,057

36,818

544,898

1,599,356,997

7,555,697

92.85 %

93.52 %

Page 2

Section A. Public Support Calendar year (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 344,019,886 membership fees received. (Do not 313,388,896 308,220,968 309,347,661 321,739,813 1,596,717,224

If the organization failed to qualify under the tests listed below, please complete Part III.)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to

the organization without charge... 344,019,886 313,388,896 308,220,968 309,347,661 321,739,813 Total. Add lines 1 through 3 The portion of total contributions by

1,596,717,224 each person (other than a governmental unit or publicly supported organization) included on 111,703,004

line 1 that exceeds 2% of the

amount shown on line 11, column

(f). Public support. Subtract line 5 1,485,014,220 from line 4.

(b) 2016

313,388,896

287,316

86,321

13 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,

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

(a) 2015

344,019,886

154,367

74.960

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2018 Schedule A, Part II, line 14

(c) 2017

308,220,968

402,643

33,818

133.014

(d) 2018

309,347,661

665,003

3,000

121,407

(e) 2019

321,739,813

548,728

129.196

Schedule A (Form 990 or 990-EZ) 2019

12

14

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. 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)? 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? 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 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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? If "Yes," provide detail in Part VI.
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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)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3			
Pa	rt IV Supporting Organizations (continued)						
_			Yes	No			
	Has the organization accepted a gift or contribution from any of the following persons?						
а	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?						
		11a					
	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c					
S	ection B. Type I Supporting Organizations						
			Yes	No			
1	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-					
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2					
	organization.						
S	ection C. Type II Supporting Organizations						
_			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of						
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
S	ection D. All Type III Supporting Organizations		v				
_			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2					
_	· · · · · · · · · · · · · · · · · · ·						
3	By reason of the relationship described 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 Part VI the role the organization's supported organizations played in this regard.	3					
S	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):					
	The organization satisfied the Activities Test. Complete line 2 below.						
	b						
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No			
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a					
ı	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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's						
	involvement.	2b					
3	Parent of Supported Organizations. Answer (a) and (b) below.						
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h					

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to who details in Part VI). See instructions						
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	Section E - Distribution Allocations (i) (ii) Underdistributions					
		110 2013	Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6		110 2015	Allount for 2013			

details in Part VI). See instructions		(
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

Schedule A (Schedule A (Form 990 or 990-EZ) 2019 Page 8							
Part VI Supplemental Information. 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).								
	Facts And Circumstances Test							
990 Sched	dule A, Supplemen	tal Information						
Ret	curn Reference	Explanation						
Schedule A, Other Incor	, Part II, Line 10 me	DESCRIPTION - OTHER, COLUMN A - 69101.0, COLUMN B - 85257.0, COLUMN C - 130820.0, COLUMN D - 120936.0, COLUMN E - 127420.0, COLUMN F - 533534.0; DESCRIPTION - SALE OF INVENTORY, CO LUMN A - 5859.0, COLUMN B - 1064.0, COLUMN C - 2194.0, COLUMN D - 471.0, COLUMN E - 1776.0 , COLUMN F - 11364.0;						

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493028018151

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

SCHEDULE C (Form 990 or 990-

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

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

Inspection

	Section 527 organizations: Comple				
		n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s			
		t have NOT filed Form 5768 (election u			
		n Form 990, Part IV, Line 5 (Proxy Ta			
	xy Tax) (see separate instruction				
	Section 501(c)(4), (5), or (6) organization	zations: Complete Part III.		Fundamentale	- L : C : L :
	rcy Corps			Employer idei	ntification number
				91-1148123	
Par	rt I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a section 527 organi	zation.
1	Provide a description of the orgar "political campaign activities")	nization's direct and indirect political ca	mpaign activities i	n Part IV (see instructions	for definition of
2	Political campaign activity expend	>	\$		
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	rt I-B Complete if the orga	nization is exempt under section	on 501 (c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under s	ection 4955	>	\$
2	Enter the amount of any excise to	ax incurred by organization managers (ınder section 4955	5 >	\$
3	If the organization incurred a sec	tion 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.				
Par	rt I-C Complete if the orga	nization is exempt under section	on 501(c), exc	ept section 501(c)(3)).
1	Enter the amount directly expend	led by the filing organization for sectior	n 527 exempt func	tion activities 🕨	\$
2		anization's funds contributed to other o			\$
3	Total exempt function expenditur	es. Add lines 1 and 2. Enter here and c	on Form 1120-POL	, line 17b	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) or reach organization listed, enter the am that were promptly and directly deliver ee (PAC). If additional space is needed,	ount paid from the red to a separate p	e filing organization's funds political organization, such	. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received
				funds. If none, enter -0	and promptly and directly delivered to a separate political organization. If none, enter -0
l					
2					
3					
1					
5					
5					
or P	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	t. No. 50084S Schedule C	Form 990 or 990-EZ) 2019

9.174

6.085

Grassroots lobbying expenditures

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b))
ctivi		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), o	r secti	on	
	,)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?)(5), o		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year)(5), o III-A		Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 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	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493028018151

2019

OMB No. 1545-0047

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Open to Public Inspection

Mei	rcy Corps					91-11	48123			
Pā	art I Organizations Maintaining Donor Advi					r Acco	ounts.			
	Complete if the organization answered "Ye			_						
1	Total number at end of year	(a) Dono	r advi	sea rui	nas	(b) Funds and	otner a	accounts	
<u>.</u> 2	,									
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)									
3 4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisor	La in weiting that th			d in denoves	luiaad fi	undo ava tha			
9	organization's property, subject to the organization's ex						inds are the		Yes 🗌	No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, o	or for	any ot	her purpose				Yes 🗌	No
Pa	Conservation Easements. Complete if the organization answered "Yes	es" on Form 990,	Part	IV, lin	ne 7.					
1	Purpose(s) of conservation easements held by the orga	nization (check all t	hat a	oply).						
	Preservation of land for public use (e.g., recreation	n or education)		Prese	rvation of an	historic	ally important	: land a	rea	
	Protection of natural habitat			Prese	ervation of a	ertified	historic struct	ure		
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservat	ion co	ntribut	tion in the foi	m of a				
а	Total number of conservation easements					_ 2a	Held at the	Ena o	tne Yea	<u>-</u>
b	Total acreage restricted by conservation easements					2b				-
c	Number of conservation easements on a certified histori					2c				\dashv
d			•	•		2d				
3	Number of conservation easements modified, transferre tax year ▶	ed, released, exting	uished	d, or te	erminated by	the orga	anization durir	ng the		
_	·									
4	Number of states where property subject to conservation									
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds				on, handling	of violat	ions,	Yes	□ No	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of vi	olatio	ns, and	d enforcing co	onserva	tion easement	s during	g the year	
7	Amount of expenses incurred in monitoring, inspecting,	handling of violation	ons, a	nd enfo	orcing conser	vation e	asements dur	ing the	year	
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?					70(h)(4	``	Yes	□ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org								
Par	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	•			•	er Sin	nilar Assets			
1 a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	ion, or	research in f					
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:									
((i) Revenue included on Form 990, Part VIII, line 1						▶ \$			
	ii)Assets included in Form 990, Part X									•
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	ical treasures, or ot	her sii	nilar a	ssets for fina			=		
а	Revenue included on Form 990, Part VIII, line 1	, ,	_				▶ \$			_
b	Assets included in Form 990, Part X						▶ \$			
	Paperwork Reduction Act Notice, see the Instruction						Schedule	D (Fo	rm 990)	= 201 [,]

b Buildings

 ${f c}$ Leasehold improvements \boldsymbol{d} Equipment

e Other . .

scne	dule D (Form 990) 2019										Page 2
Par	t IIII Organizations Maintaining Col										
3	Using the organization's acquisition, accessio items (check all that apply):	n, and other	records, o		any of	the foll	lowing t	hat are a	significant ı	use of its	collection
а	Public exhibition			d		Loan d	or excha	ange prog	rams		
b	Scholarly research			e		Other					
c	Preservation for future generations										
4	Provide a description of the organization's collect XIII.	lections and	explain h	ow the	y furtl	er the	organiz	ation's ex	empt purpo	se in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to									☐ Yes	s 🗆 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		" on Forn	า 990,	, Part	IV, lin	ne 9, or	reporte	d an amou	unt on Fo	orm 990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other 	intermedia 	ary for	contri · ·	outions 	or othe	er assets i	not 	☐ Yes	s 🗹 No
b	If "Yes," explain the arrangement in Part XIII	and comple	te the foll	owina	table:		ſ		Α	mount	
c	Beginning balance			_				1c			
d	Additions during the year							1d			
е	Distributions during the year						T I	1e			
f	Ending balance						. [1f			
2 a	Did the organization include an amount on Fo	orm 990, Pai	t X, line 2	1, for e	escrow	or cus	stodial a	ccount lia	bility?	✓ Yes	s 🗆 No
b	If "Yes," explain the arrangement in Part XIII	. Check here	e if the exp	olanati	on has	been	provided	d in Part)	(III	✓	
	rt V Endowment Funds.										
	Complete if the organization answ								(I) =		
1a	Beginning of year balance	(a) Currer	nt year	(b) Pi	rior yea	r (c) Iwo ye	ears back	(d) Three ye	ars back ((e) Four years back
	Contributions										_
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										-
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end	l balance (line 1g	g, colu	mn (a)]) held as	s:			
а	Board designated or quasi-endowment 🟲										
b	Permanent endowment ►										
c	Temporarily restricted endowment										
_	The percentages on lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posses organization by:	ssion of the	organizatio	on that	are h	eld and	l admini	stered foi	the		Yes No
	(i) unrelated organizations		• • •		•					3a	
b	(ii) related organizations	· · · · · · · · · · · · · · · · · · ·	equired or	n Sche	• • dule R	· · ·				3a(
4	Describe in Part XIII the intended uses of the					-	-		· ·	ت	
Pa	tt VI Land, Buildings, and Equipme Complete if the organization answ		" on Forn	า 990.	, Part	IV, lin	ne 11a.	See For	m 990, Pa	ırt X, line	e 10.
	Description of property (a) Cost or ot (investme	ner basis	(b) Cost o						epreciation		i) Book value
1 a	Land	3,787,172									3,787,172

31,466,372

1,471,486

6,431,594

17,404,918

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

22,541,608

485,648

524,192

2,706,113

30,044,733

8,924,764

5,907,402

14,698,805

985,838

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV lir	ne 11h See Form 990	Part Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation: of-year market value
(1) Financial (2) Closely-h	derivatives			
3) Other				
A)				
В)				
C)				
D)				
E)				
F)				
G)				
H)				
otal. (Column art VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.			
	Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir		
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Microfinai 2) Other Inv	nce Investments /estments		13,205,535 3,066,920	C C
3)				
4)				
5)				
6)				
7)				
8)				
9)				
	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	•	16,272,455	
	Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11d. See Form 990, I	
1)Due from 2)	(a) Description Affiliates			(b) Book value 11,979,93
3)				
4)				
5)				
6)				
7)				
8)				
9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			▶ 11,979,93
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV, lin	e 11e or 11f.See Fori	ກ 990, Part X, line 25.
•	(a) Description of liability	•		(b) Book value
2)	ncome taxes			
3)				
4)				
5)				
6)				
7)				
8)				
				+
9)				

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s	1			
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
C	Recoveries of prior year grants		2c	7	
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🛭 .	4a		
b	Other (Describe in Part XIII.) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Par		Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c	7	
d	Other (Describe in Part XIII.) .		2d	7	
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.) .		4b	7	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18	.)	5	
Pai	t XIIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pa e any additional information.	t V, line 4;	; Part X, line 2; Part
	Return Reference Explanation				
See Additional Data Table					

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 91-1148123

Name: Mercy Corps

Supplemental Information

Return Reference	Explanation
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 re corded as a liability on Mercy Corps book.

Supplemental Information	
Return Reference	Explanation
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 Intern al 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 C orps' 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 recognit ion 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 St	atement of A	Activities (Outside the Un	ited States	OMB No. 1545-0047	
(Form 990)	omplete if the organiz	lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.				
Name of the organization				Employer	identification number	
Mercy Corps				91-114812	3	
General Informat Form 990, Part IV,		Outside the U	Jnited States. Comple	ete if the organization	on answered "Yes" on	
For grantmakers. Does the other assistance, the grants to award the grants or assistance.	ees' eligibility for th	e grants or assi	stance, and the selection	-	✓ Yes □ No	
2 For grantmakers. Describ outside the United States.	e in Part V the orga	inization's proce	dures for monitoring the	e use of its grants and	d other assistance	
3 Activites per Region. (The following	lowing Part I, line 3 t	able can be dupli	icated if additional space is	s 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 region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d program service, descri specific type of service(s) in the regio	be for and investments in the region	
See Add'l Data						
3a Sub-total . b Total from continuation sheets	182	4,639			249,162,364	
c Totals (add lines 3a and 3b)	182	4,639			249,162,364	

Cat. No. 50082W Schedule F (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for 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.									
(a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash dishursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book EMV	

organization	and EIN (if applicable)	grant	casii grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
See Add'l Data							

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 104

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-101 Schedule F (Form 990) 2019

Part III can be du				(-) M	(6) A 6	(-) December	(I-) Mathadas
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
See Add'l Data							

Sche	dule F (Form 990) 2019		Page 4
Par	t 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

Schedule F (Form 990) 2019 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. 990 Schedule F, Supplemental Information Return **Explanation** Reference

Schedule F, Part Sub-grantees are selected either through a request for application process or included in program proposal designed based on the sub-grantees I, Line 2 technical merits and cost criteria included in the program description. All sub-recipients are issued a sub-grant agreement which outlines the Procedures for 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 submonitoring use of grant funds 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.

990 Schedule F, Supplemental Information

Return Reference

Schedule F, Part I,	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
PROCEDURES FOR	outlines the approved budget, reporting requirements and relevant regulations. Prior to issuing a sub-grant agreement, the frequency of
MONITORING USE	financial and programmatic reporting and level of supporting documentation to submit is determined, depending on the size and sophistication
OF GRANT FUNDS	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
1 '	supporting documentation are submitted and reviewed in-country by the finance department. For mid-size sub-grants familiar with MC and
1 '	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
1 '	financial report must then be reviewed by the department responsible for the programmatic aspects of the sub-recipient to ensure that the sub-
1 '	recipient is performing the activities per the sub-grant agreement.

Explanation

Additional Data

Software ID: 19010655 Software Version: 2019v5.0 **EIN:** 91-1148123

Name: Mercy Corps

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	5	8	Program Services,Investments	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.	9,860,044
East Asia and the Pacific	21	529	Program Services	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.	11,131,196

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region region agents in fundraising, program describe specific type of services, grants to region service(s) in region recipients located in the region) Middle Fast and North Africa 1.614 Program Middle Fast and North 83,270,386 46 Services, Investments 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 arowth. Russia and Neighboring States 167 Program Russia and Neighboring 18,032,654 9 States: Nurture economic Services, Investments and civil society development at the community level while checking and/or reversing a slide toward more autocratic system of business and government.

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (a) Region (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of reaion services, grants to service(s) in region region recipients located in the region) South America 194 Program Services South America: 20,100,870 Consolidate the advances that have been made attending to the needs of the displaced population for emergency humanitarian assistance (1st phase), socioeconomic stabilization (2nd phase) and expand these gains to include sustainable socio-economic development (3rd phase) in current geographical areas and new priority regions. South Asia 82 Program South Asia: Enable 3,235,821 19 Services,Investments 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.

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures (a) Region offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of reaion services, grants to service(s) in region region recipients located in the region) Sub-Saharan Africa 2,045 Program Services Sub-Saharan Africa: 103,531,393 81 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/intraclan/ethnic conflict mitigation, the continuing development of a civil society, and state building. .Procurement of funds Procurement of funds North America (Canada & 0 Λ Mexico only)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (e) Amount of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Institutionalizing 27.900 | EFT/WIRE IFMV the Pacific Disaster Preparedness and | Management Capacity

East Asia and Loan Guarantee 39.205 | EFT/WIRE IFMV

Ithe Pacific

Mechanism

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region non-cash (book, FMV, cash and EIN(if organization arant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia The Promoting 86,119 EFT/WIRE **IFMV** Agriculture, Health and Alternative Livelihoods (PAHAL) program is contributing to food security among vulnerable populations 972,059 EFT/WIRE **IFMV** Central America Community and the Strengthening

Caribbean

Project

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 930,952 EFT/WIRE Middle East Investing in lFM∨ land North Svrian Africa Humanitarian Action

336,063 | EFT/WIRE

lfM∨

lWomen's Mobile

ISavinas

East Asia and

the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Drivina Youth-led 276,536 | EFT/WIRE FMV Africa New Aaribusiness land Microenterprise East Asia and 383,697 | EFT/WIRE IFMV Resilient the Pacific **ICommunities**

Program

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia Managing risk 194,045 | EFT/WIRE **IFMV** lthrouah leconomic Idevelopment 1,149,479 EFT/WIRE lFM∨ Central Communities

lAmerica and

Ithe Caribbean

lLeading

Development

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) Addressing food 374,600 EFT/WIRE Sub-Saharan lFM∨ Africa land nutritional security 88,704 | EFT/WIRE East Asia and Building Market IFMV Ithe Pacific Share and Social Good in Thailand, to demonstrate the lbusiness case for integrating social investments that improve the lives

of small holder farmers

(i) Method of l(b) IRS code (h) Description (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East Providing 361,500 | EFT/WIRE IFMV land North Leadership and Africa Life Skills for Adolescents and



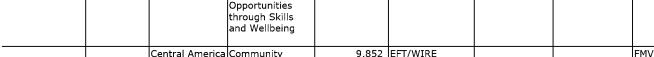
Form 990 Schedule F Part II - Grants or Entities Outside The United States

Youth in Jordan

lAfrica

Middle East Advancing 782,829 EFT/WIRE IFMV land North Adolescents and

(i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 512.052 | EFT/WIRE Middle East and Youth for lFM∨ North Africa |Tomorrow: Building Opportunities through Skills



Strenathenina

land the Security and

Caribbean

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (e) Amount of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East Jordan Water 2,765,040 EFT/WIRE IFMV land North Innovations Africa Technologies

Middle East 936,288 EFT/WIRE lFM∨ lYouth land North |Employment

Form 990 Schedule F Part II - Grants or Entities Outside The United States

lOpportunity -Impact Labs

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region (book, FMV, cash non-cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East Better Future 312,547 EFT/WIRE lFM∨ and North lthrough Africa Reconciliation and Conflict lPrevention in Ninewa East Asia and Support for legal 65,763 | EFT/WIRE lfMV lthe Pacific reforms that will enhance religious freedom and protection of religious minority

rights

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Russia and Improvina 6.541 EFT/WIRE IFMV Neighboring Drinking Water States Quality in Kvravzstan's Primary Schools Sub-Saharan Improving the 634.636 EFT/WIRE IFMV Africa lfood and nutrition security of vulnerable lhouseholds

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 152,912 | EFT/WIRE Sub-Saharan Strenathenina IFMV Africa ICommunity | Capacities for Resilience and Growth 65,451 | EFT/WIRE Sub-Saharan Securing Peace IFMV

Africa

land Promoting Prosperity in Karamoia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region cash non-cash (book, FMV, organization and EIN(if cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) 5.650 EFT/WIRE Middle East Child and lFM∨ land North Adolescent Africa Friendly Spaces lin Jordan's Zaatari Refugee Camp South Asia Contribute 1,504,102 | EFT/WIRE lFM∨ ltowards lachieving the targets of National Strategic Plan aligned with the

End TB Strategy for reducing the lburden of TB land MDR-TB in Pakistan

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) 142,579 EFT/WIRE Sub-Saharan Increase the lFM∨ Africa literacy and numeracy (learning outcomes) of girls Sub-Saharan Building Brighter 8.966 EFT/WIRE lFM∨ Africa Future Together Self-Reliant Refugees and Resilient Host Communities in

the Lamwo District program

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region non-cash (book, FMV, cash and EIN(if organization cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Engaging Youth 288,660 | EFT/WIRE IFMV Africa to Build Peaceful Communities in Mali Middle East Engage women 26,819 | EFT/WIRE IFMV land North and vouth in Africa technologyenabled careers by addressing key barriers to ltheir employment, connecting them with employment opportunities, and facilitating

the growth of viable startups

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Promotina 120,583 | EFT/WIRE IFMV the Pacific |Entrepreneurship & | Digital Financial Services for Rural Youth Sub-Saharan lInnovative 32,142 EFT/WIRE IFMV Africa Approaches to Building Resilience for Vulnerable Populations

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 122,350 EFT/WIRE lFM∨ Improve the Africa 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 Sub-Saharan Assisting 58,398 | EFT/WIRE IFMV Africa Vulnerable,

Conflict-Affected Communities in South Kordofan

State

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region cash (book, FMV, non-cash and EIN(if organization grant cash grant non-cash assistance disbursement appraisal, applicable) assistance other) Middle East 35,889 EFT/WIRE Education and **IFMV** land North Empowerment Africa with #MeWeSyria through youth support in Jordanian refugee camps South America Alternative 719,270 EFT/WIRE IFMV Livelihoods to Growing Coca Program will lincrease income

South America Alternative
Livelihoods to
Growing Coca
Program will
increase income
generated from
legal,
commercially
viable
alternatives to
growing coca by
increasing access
to key assets.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of grant (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia Enhance individual, 118.182 | EFT/WIRE FMV 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. East Asia and Microentrepreneurship 5.173 EFT/WIRE FMV

Ithe Pacific

Capacity Building and

Grants

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan ZRBF Resilience 71,143 EFT/WIRE IFMV Africa Knowledge Hub Central Americal Improve the 13,234 | EFT/WIRE IFMV land the preparedness of lCaribbean. key actors in Haiti to efficiently implement cash transfer programs while increasing the capacity to

conduct transfer programs via digital financial

services.

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 23,594 EFT/WIRE East Asia and Lombok lFM∨ lthe Pacific lEarthquake Emergency Response

Emergency
Response

East Asia and the Pacific Organizations that Work to Empower Rice

Emergency
Response

581,513 EFT/WIRE

FMV

lFarmers

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of Ωf (c) Region cash non-cash (book, FMV, and EIN(if cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Enhancing the 83,236 | EFT/WIRE lFM∨ Africa productivity of small ruminants through improved and cost effective feeding and lanimal health interventions in

		Burkina Faso and Niger				
	and North Africa	Reduce the vulnerability of conflict-affected youth through increased livelihood outcomes, utilizing an approach that fosters	109,729	EFT/WIRE		FMV

psychosocial well-being

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) 32,972 | EFT/WIRE Middle East Holistic lfMV land North lHumanitarian Africa Assistance to Syrian Refugees land Host Communities in Lebanon 136,400 EFT/WIRE Middle East Youth **IFMV** land North Advancement for Africa la Peaceful and

Productive

Tomorrow (Peace-Pro) in Jordan

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region (book, FMV, cash non-cash and EIN(if organization arant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East 249,022 EFT/WIRE lFM∨ Protection and and North Humanitarian Africa Coordination Assistance to Conflict Affected Communities in Central and Northeast Syria 97,739 EFT/WIRE lFM∨ East Asia and Emergency the Pacific Response to |Sulawesi Tsunami in

lIndonesia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of (c) Region cash (book, FMV, non-cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) 210,750 EFT/WIRE FMV East Asia and Indonesia the Pacific Earthquake & Tsunami Response addressing community priorities for long-term recovery around water and sanitation infrastructure, leconomic recovery, and lmental health Russia and Improving 7,099 EFT/WIRE FMV Neighboring handwashing and States sanitation in schools

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of Ωf (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 28,701 | EFT/WIRE East Asia and Job creation IFMV Ithe Pacific lthrough Iprofessional lmentoring

34,439 EFT/WIRE

IFMV

Sub-Saharan Africa

Strengthening

Access of Refugees to Renewable lEneray

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East Increasing food 1.872.766 EFT/WIRE lFM∨ land North lsecurity for Africa vulnerable households to lbuild resilience lto future conflict shocks land stressors

Form 990 Schedule F Part II - Grants or Entities Outside The United States

in Tillaberi

Sub-Saharan 405.970 EFT/WIRE Youth Action for lFM∨ Africa social cohesion

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East Multi-Purpose 832,500 EFT/WIRE lFM∨ land North Cash Assistance Africa for the Most Vulnerable Conflict Affected Households in Iraq Sub-Saharan 76,913 | EFT/WIRE lFM∨ Livelihood Africa lassistance to South Sudanese refugees in

White Nile State

(i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) 68,990 EFT/WIRE Sub-Saharan Reduce the **IFMV** Africa likelihood of the spread and the impact of the Ebola Virus

	East Asia and	Central Sulawesi	164,685	EFT/WIRE		FMV
		Disease (EVD) in Eastern Democratic Republic of the Congo.				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Earthquake WASH support in Indonesia

East Asia and the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of | (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 58,399 | EFT/WIRE Sub-Saharan Preventina lFM∨ Africa lviolent lextremism lactions through increased social cohesion efforts Sub-Saharan 630.136 EFT/WIRE lFM∨ ICommunity |

Africa

Initiative to Promote Peace

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region (book, FMV, cash non-cash and EIN(if organization grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) 40,308 EFT/WIRE Sub-Saharan Integrated food **IFMV** Africa security, livelihood, basic health, nutrition, water and sanitation

		services for conflict affected and vulnerable populations				
	South America	Critical Services	70,000	EFT/WIRE		FMV

lfor Venezuelan Migrants in Colombia

(i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Social incentives 39,409 | EFT/WIRE lFM∨ Africa program to improve the lauality of work for waste pickers including training, microcredit scheme, variable payment Istructure

497,867 EFT/WIRE lFM∨ East Asia and Investing in

> lHuman Capital lfor Disaster Management in IIndonesia

Form 990 Schedule F Part II - Grants or Entities Outside The United States

the Pacific

(i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Middle East Harmonized 7.835.176 EFT/WIRE **IFMV** land North multi-purpose Africa cash assistance Ito meet critical lbasic needs lamong vulnerable conflict-affected lhouseholds

IFMV

60,512 | EFT/WIRE East Asia and Central Sulawesi

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Agriculture Recovery

the Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 67,256 EFT/WIRE IFMV Increasing Africa Access to Basic Services & Livelihood Opportunities for Communities in South Darfur South Asia 30,000 | EFT/WIRE IFMV Emergency fund for Bangladesh flood Response to support urgent

needs

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 1,850,924 | EFT/WIRE Middle East Humanitarian FMV land North Assistance to Africa Conflict-Affected Communities in South and Central Syria Sub-Saharan Somalia 1,681,612 | EFT/WIRE IFMV Africa Emergency Assistance and Early Market Recovery

Program

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Donations 25,000 | EFT/WIRE IFMV land the lresponding to Caribbean Hurricane Dorian lin the Bahamas Sub-Saharan 48,064 EFT/WIRE IFMV Kenya Africa Development Food Security Activity Program for Resilient Systems

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) Holistic 87,394 | EFT/WIRE Middle East IFMV land North Humanitarian Africa Assistance to Syrian Refugees and Host Communities in Lebanon Middle East 1,401,399 EFT/WIRE **IFMV** Cash Consortium land North of Iraq Multi-Africa Purpose Cash Assistance and Access to Critical Services for the lmost vulnerable conflict affected households in Iraq

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 77.464 | EFT/WIRE Sub-Saharan Strenathenina IFMV Africa Cross border Learning and Action to Address Conflict Sub-Saharan Fight against 1.761.618 EFT/WIRE IFMV Africa Ebola through the Commitment of Revitalized Communities

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region cash non-cash (book, FMV, organization and EIN(if cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) 32,798 | EFT/WIRE Sub-Saharan Support urban lFM∨ Africa land rural communities in southern Mali to lincrease resilience to conflict and lviolent lextremism 29.160 EFT/WIRE Middle East Urgent lfMV and North lassistance to Africa vulnerable foodlinsecure farmers and GMR-

affected and female headed lhouseholds in

the Gaza Strip

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 186.016 | EFT/WIRE East Asia and Managing Risks lFM∨ Ithe Pacific lthrough lEconomic Development East Asia and 80.610 EFT/WIRE **IFMV** Women Capacity

the Pacific

Action and Norms lfor Peacebuilding IProgram :

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (a) Name of (e) Amount of section (d) Purpose of of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and |Empowering 42.214 EFT/WIRE lfMV Ithe Pacific lWomen. Entrepreneurs East Asia and |Xylem Emergency 21,739 EFT/WIRE **IFMV**

Ithe Pacific Fund to support response efforts

lin Indonesia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 33.898 | EFT/WIRE South America Venezuela IFMV Refuaee Response General Support South America | Empowering and 10,831 EFT/WIRE lFM∨ lconnectina women coffee growers in the Tambo, cauca lwith linternational

clients

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Market Access 25,134 | EFT/WIRE IFMV land the for Smallholders |Caribbean lin Guatemala East Asia and Central Sulawesi 31.552 EFT/WIRE IFMV Ithe Pacific |Earthquake WASH Recovery lProgram in

lIndonesia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation section (d) Purpose of (e) Amount of (a) Name of (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Innovative 8,559 EFT/WIRE IFMV Africa approach to building resilience for refugees and host populations lin Somali region Sub-Saharan Gambella 142,136 EFT/WIRE IFMV Africa Livelihoods Programmed

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 39,946 | EFT/WIRE South Asia Managing Risks **IFMV** lthrough lEconomic Development South Asia Managing Risks 39,946 | EFT/WIRE **IFMV** lthrough

lEconomic Development

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (a) Description of (h) Method of (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 810,936 |Cash Cash Transfers 1,311 Central America and the lCaribbean | 64.531 2.940.558 Cash Cash Transfers Middle East and North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Cash for Work 2,330 1,229,031 Cash Middle East land North Africa Vouchers 55.200 2,792,230 Cash Middle East land North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Cash Transfers 31,995 2,486,548 Cash South America Vouchers 809 29,843 |Cash South America

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Cash Transfers 8,596 70,281 |Cash South Asia Cash Transfers 74.686 2,170,835 Cash Sub-Saharan Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Cash for Work 13,569 1,420,373 Cash Sub-Saharan Africa Vouchers 244.322 10,847,804 Cash Sub-Saharan Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (d) Amount of (e) Manner of cash (g) Description of (h) Method of (c)Number (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Material Aid 12,591 1,134,831 Food Commodities lusaid Sub-Saharan Africa Material Aid 74,729 1,124,624 Food Commodities USAID Russia and Neiahborina States

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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 for instructions and the latest information.

DLN: 93493028018151 OMB No. 1545-0047

2019

Open to Public Inspection

ame of the organization					Employer ide	ntification number
lercy Corps					91-1148123	
Part I Fundraising Activition Form 990-EZ filers a		_			rm 990, Part IV, line 1	7.
Indicate whether the organiza	tion raised funds th	rough any	of the fo	llowing activities. Check a	all that apply.	
a Mail solicitations			e	✓ Solicitation of non-	government grants	
b Internet and email solicita	tions		f	Solicitation of gove	rnment grants	
c Phone solicitations			q	Special fundraising	-	
d ✓ In-person solicitations			9	Special runardising	CVCING	
2a Did the organization have a w or key employees listed in For						s 🗆 No
b If "Yes," list the 10 highest pa to be compensated at least \$5	id individuals or ent ,000 by the organiz	ities (fund ation.	draisers) ¡	pursuant to agreements u		
i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont contrib	Did ser have ody or rol of outions?	(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
	Consulting	Yes	No			
Thompson Habib & Denison Inc 80 Hayden Ave Suite 300			No	0	638,116	-638,116
Lexington, MA 02421						
Lexington, MA 02421	Telemarketing					
MDS Communication 545 W Juanita Ave			No	318,616	104,843	213,773
Mesa, AZ 85210	Camandkin m					
M&R Strategic Services 1901 L Street NW Suite 800	Consulting		No	o	195,777	-195,777
Washington, DC 20036	-					
Anne Lewis Strategies LLC 650 Massachusetts Ave NW Suite 505	Consulting		No	o	309,771	-309,77
Washington, DC 20001						
Donor Services Group 6715 Sunset Blvd	Telemarketing		No	11,315	68,779	-57,464
Los Angeles, CA 90028						
otal				329,931	1,317,286	-987,355

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

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

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising of		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
2 4					
Y					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
ņ	5 Noncash prizes				
CADE ISES	6 Rent/facility costs				
Š	7 Food and beverages				
<u> </u>	8 Entertainment				
5	9 Other direct expenses				
	10 Direct expense summary. Add lines 4	-			
)ai	11 Net income summary. Subtract line 10 till Gaming. Complete if the org			V line 19 or reported	 more than \$15,000
	on Form 990-EZ, line 6a.	1	1		1
E E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Keverkie					
_	1 Gross revenue				
^			+		
000	2 Cash prizes				
Sherises	2 Cash prizes				
Clear Experises	3 Noncash prizes				
	3 Noncash prizes		☐ Yes %	☐ Y es%	
	3 Noncash prizes	☐ Yes <u>%</u>	☐ Yes % ☐ No	☐ Yes % ☐ No	
	3 Noncash prizes	□ No	1_	<u></u>	
	3 Noncash prizes	No	□ No	□ No ►	
sected to the local control of	3 Noncash prizes	No through 5 in column (d)	No	No	
)	3 Noncash prizes	No through 5 in column (d) thine 7 from line 1, column ion conducts gaming action	No	No ▶ ▶	Vec No
	3 Noncash prizes	through 5 in column (d) It line 7 from line 1, columnion conducts gaming action	No nn (d) vities:	No ▶ ▶	☐ Yes ☐ No
) a	3 Noncash prizes	through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities act	No mn (d)	No	
	3 Noncash prizes	through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities in each column (d)	No mn (d)	No	
a b	3 Noncash prizes	through 5 in column (d) thine 7 from line 1, columnion conducts gaming activities in each columning activities in each column (d)	No mn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the org ained by the third party ► \$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	t	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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.

OMB No. 1545-0047

DLN: 93493028018151

Open to Public Inspection

reasury nternal Revenue Service		₽ 30 to <u>ww</u>	W.IIS.gov/Form990	the latest information	on.		
lame of the organization						Employer identific	ation number
Mercy Corps						91-1148123	
Part I General Infor	mation on Grants	and Assistance					
the selection criteria use	d to award the grants	or assistance?	the grants or assistance,		for the grants or assistand	ce, and	☑ Yes ☐ No
Part III Grants and Othe	r Assistance to Don	nestic Organizations a	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
5)							
(6)							
7)							
(8)							
9)							
10)							
11)							
(12)							

(Form 990)

Department of the

Line 1 - Small business Individual Development Account (IDA) clients -

(2) Community Participants stipend

earthquake economic effect

Line 3 - Cash assistance for individuals reentering civil society from incarceration

Line 4 - Cash grants for emergency response to businesses and individuals impacted by

Line 5 - Cash grants to at risk businesses due

Part III can be duplicated if additional space is needed.

Explanation

outcomes.

Schedule I (Form 990) 2019

matched savings

to COVID-19

Part IV

grant funds.

Return Reference

Schedule I, Part I, Line 2
Procedures for monitoring use of

(5)

(6)

(7)

(1)

(3)

16

300

80

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

2,913

6,200

433,224

360,036

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

489,081

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

(d) Amount of

noncash assistance

(e) Method of valuation (book,

FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2019

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9302	8018	151		
Sch	nedule J	C	ompensat	ion Information	ОМІ	3 No.	1545-(0047		
(For	m 990)	For certain Office		Trustees, Key Employees, and Highe	st					
	Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						2019			
Б			► Attacl	h to Form 990. r instructions and the latest informa			o Pul			
•	tment of the Treasury al Revenue Service	do to <u>www.ns.go</u>	7 <u>0/1/01/11/990</u> 101	mstructions and the latest mornia			ectio			
	ne of the organiz cy Corps	zation		Er	nployer identificati	on nu	ımber			
	cy corps			91	1148123					
Pa	rt I Questi	ions Regarding Compensa	ation							
				611 611 1 1 6 1 1 1	_ [Yes	No		
1a				of the following to or for a person listed on the relevant information regarding these in						
		s or charter travel	lacksquare	Housing allowance or residence for per						
		r companions		Payments for business use of personal						
		inification and gross-up payment	ts 🗆	Health or social club dues or initiation Personal services (e.g., maid, chauffeu						
	L Discretio	nary spending account		reisonal services (e.g., maid, chauned	ir, cher)					
b				follow a written policy regarding payme ove? If "No," complete Part III to explain		1b		No		
2				or allowing expenses incurred by all or, regarding the items checked on Line :	152	2	Yes			
	directors, trust	ees, officers, including the CEO/	executive Directo	or, regarding the items checked on time .	Idf					
3				ed to establish the compensation of the						
				not check any boxes for methods CEO/Executive Director, but explain in P	Part III.					
	✓ Compens	sation committee		Written employment contract						
		dent compensation consultant	☑	Compensation survey or study						
		of other organizations	$\overline{\mathbf{Z}}$	Approval by the board or compensation	n committee					
4	During the yea related organiz		990, Part VII, Se	ection A, line 1a, with respect to the filing	g organization or a					
_	_	rance payment or change-of-cor	strol paymont?			4a		No		
a b				lified retirement plan?		4a 4b		No		
c	•			Insation arrangement?		4c		No		
	•		, ,	plicable amounts for each item in Part II	I.					
_		3), 501(c)(4), and 501(c)(29		•						
5		contingent on the revenues of:		the organization pay or accrue any						
а	The organization	on?				5a		No		
b	=					5b		No		
	If "Yes," on line	e 5a or 5b, describe in Part III.								
6		ed on Form 990, Part VII, Section contingent on the net earnings o		the organization pay or accrue any						
а	The organization	on?				6a		No		
b	· -					6b		No		
	· ·	e 6a or 6b, describe in Part III.								
7				the organization provide any nonfixed art III		7	Yes			
8	subject to the i	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," desc		8		No		
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Re	gulations section	ა 9		No		
For F	Paperwork Red	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 500	53T Schedule J (990)	2019		

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, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title	Jua		kdown of W-2 and/o compensation			(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								

Schedule J (Form 990) 2019	Page 3							
Part III Supplemental Inform	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	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 Tax indemnification and gross-up payments	Tax indemnification: Shrader, L \$63,378.							
	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.							
	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.							
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 1 (Form 990) 2019

Additional Data

334,823

262,500

229,167

250,000

234,000

176,277

169,546

223,062

220,000

205,075

Software Version: 2019v5.0 **EIN:** 91-1148123

Software ID: 19010655

6,000

		Name:	Mercy Corps				
Form 990, Schedule J,	Part II - Officers, Di	rectors, Trustees, K	(ey Employees, and	Highest Compensate	d Employees		
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990

114,936

79,753

16,388

15,750

14,110

15,000

14,040

10,577

9,003

13,384

13,200

12,305

26,074

19,488

26,074

26,074

26,074

7,170

7,170

26,074

26,074

26,074

377,285

297,738

275,351

291,074

274,114

308,960

265,472

262,520

259,274

243,454

FORM	9:
(A)	Na

(partial) 1Beth deHamel

1Neal Keny-Guyer

Chief Executive Officer

Interim Chief Executive Officer (partial) 2Jeremiah Centrella

3Craig Alan Redmond

Senior Vice President -

Chief People Strategy & Learning Officer 5Leesa W Shrader

AgriFin Accelerate -Program Director 6Michael Radcliffe

Chief Development & Marketing Officer 8Dafna Rand

Vice President of Policy and

Vice President of Technical

Chief of Party 7Adrienne E Karecki

Research 9Dina Esposito

Leadershp

Programs 4Arthur Pont

General Counsel & Assistant (ii) Corporate Secretary (partial)

(i)

(i)

(i)

DLN: 93493028018151 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Mercy Corps 91-1148123 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (i) Pool (e) Issue price (q) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No State of Oregon Oregon Facilities 93-6001787 06-25-2015 9,130,000 Bonds were issued to provide Χ Χ Χ Authority funding to refinance debt and to buyout condo tenant Part II **Proceeds** В C D 1.313.622 2 3 9,130,000 4 5 6 7 171,162 8 9 10 11 8,958,838 12 13 2015 Yes No Yes Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Part Ⅲ **Private Business Use** Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2019 Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2019

No

Yes

В C Α Yes Nο Yes No Yes No Yes Are there any management or service contracts that may result in private business use of Χ If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

Х

0 %

0 %

0 %

В

No

Yes

C

No

Yes

Χ

Χ

Χ

b counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

a section 501(c)(3) organization or a state or local government 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)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Α

No

Χ

Χ

Χ

Χ

Yes

Х

Χ

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

В

No

Explanation

Yes

Χ

No

Yes

Yes

Nο

No

Yes

Nο

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Issuer name: State of Oregon Oregon Facilities Authority N/A

Page 3

No

D

D

Nο

Yes

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part VI

Action

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

requirements of section 148? . . .

Return Reference

Schedule K, Part V Different
Procedures to Undertake Corrective

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493028018151 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Mercy Corps 91-1148123 Part I Types of Property (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 163 1,367,285 Market value Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 Χ 2,259,095 Selling cost 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . Archeological artifacts . . Χ 366 187,824 Market value Computer Other ► (Equipment 25 Other ▶ (_____ Other ▶ (_ 27 28 Other ► (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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2019) Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	Ition. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Securities - Publicly traded - Number of Contributions Food inventory - Metric Tons of Food Other - Computer Equipment Number of items contributed
	Schedule M (Form 990) (2019)

efile GRAPH	IIC print -	DO NOT PROCESS As Filed Data -		DLN	: 93493028018151
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection
Mamel Betherofg Mercy Corps 990 Schedul	,	lemental Information		Employer ident 91-1148123	ification number
Return Reference		Explanation	on		
Form 990, Part III, Line 4d Description of other program services	and education communities. We also	\$ 35,103,201 including grants of \$ 13,128,767)(Revenue \$ tion: Mercy Corps fosters good governance at every level to ities grappling with complex problems, such as conflict, fam work to bring access to education to women and men of all ensure a better future for all.	support developme ine, and climate cha	ent i ing	

Return Reference	Explanation Explanation	
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.	

Return
Reference

Explanation

THE FORM 990-T TO BE FILED PRIOR TO MAY 15 DEADLINE

Form 990,
Part V, Line
3b Reason
for not filing
Form 990-T

Return Reference	Explanation
Form 990,	The Board created a new board level committee in FY20. The new Joint Ethics and Safeguardi
Part VI, Line	ng Committee was created to specifically deal with issues of ethics, compliance, investiga
4 Significant	tions and complaints related to sexual exploitation and abuse allegations against Mercy Co
changes to	rps or its team members. These investigations and complaints had previously been part of t
organizational	he Joint Audit and Risk Committee's remit. During FY20, the Board make up changed as three
documents	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.

Return Reference	Explanation
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 sin gle agency as much as possible, consistent with their respective governing laws, documents , and major donor requirements.

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing	As a member organization, new directors will be voted in by current members of the joint governing board during an annual member meeting.

Return Reference	Explanation
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 remo val of a director, merger or acquisition, or dissolution.

Return Reference	Explanation
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) wil I review the form 990 to be presented to the Audit Committee. The Audit Committee will vot e 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 appropriat e 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.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Mercy Corps distributes a Conflict of Interest Questionnaire (COI) to all officers, direct ors, or trustees, and key employees of Mercy Corps on an annual basis and requires signatu res that they abide by the terms of the conflict of interest policy. Returned COIs are rev iewed 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 c onflict will recuse themselves from discussion and voting on any matter with which they ha ve a conflict.

Return Reference	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 gathe red from objective comparison of compensation paid for similar positions by other non-prof its of similar size compiled on an annual basis which is reviewed by the Compensation Comm ittee and recommended for Board approval annually in June. The Board reviews the assessmen t 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 mer it, market condition and promotion.

Return Reference Form 990, All positions reviewed annually.

Part VI, Line
15b Process
to establish
compensation
of other
employees

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part VI, Line	Upon Request, Mercy Corps will provide a copy of its Governance Documents, conflict of Interest Policy, and Audited Financial Statements.
19 Required	
documents	
available to	
the public	

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Eliminate revaluation of split-asset agreements in revenue63065;

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R**

(Form 990)

As Filed Data -

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.

OMB No. 1545-0047 2019

DLN: 93493028018151

Department of the Treasury Internal Revenue Service	► Go to <u>u</u>	<u>/ww.irs.gov/Form990</u> for in	structions and the I	atest information.			to Publi ection	С
Name of the organization Mercy Corps					Employer ident	ification number		
10.0, 00.70					91-1148123			
Part I Identification	of Disregarded Entities. Complet	e if the organization answe	red "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity			(e) End-of-year assets	(f) Sets Direct controlling entity		
(1) Mercy Corps Development Hold 1209 Orange Street Wilmington, DE 19801 45-4481022	ings LLC	Holding Co.	DE	440,000	1,711,000	Mercy Corps		_
(2) CIT Services 45 SW Ankeny St Portland, OR 97204 82-2362222		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	NI	0	0	Mercy Corps		
(4) Mercy Corps China Holdings LLC 1209 Orange Street Wilmington, DE 19801 46-3342076		Holding Co.	DE	0	0	Mercy Corps		
								-
	of Related Tax-Exempt Organizat		 nization answered "	 'Yes" on Form 990	, Part IV, line 34	 because it had one o	r more	_
	(a) 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	Section (13) co	
(4))	0	D	0.5			N	Yes	No
(1)Mercy Corps Condominiums unit 45 SW Ankeny Portland, OR 97204	Owners Association	Provide management services - IRC 528	OR			Mercy Corps	Yes	
27-1113758			147			N C		
(2)Mercy Corps Corporate Fund		Economic Development	KZ			Mercy Corps	Yes	
(3)Kompanion Development		MicroFinance Activity	KG			Mercy Corps	Yes	
(4)Mercy Corps Europe		Humanitarian Assistance	UK			NA		No
(5)Mercy Corps Netherlands		Humanitarian Assistance	NL			NA		No

(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	Disprop alloca		(i) Code V amount 20 (Schedul (Form 1	-UBI in box of e K-1 1065)	(j) Genera manag partn	al or Poging o	(k) ercentag wnership
								Yes	No			Yes	No	
													_	
Part IV Identification of Related Org	anications Tayable as a C		T	* Cl-t-				-U F	-a-m C	100 Da	⊬+ T\/	lina	34	
						zation ans	wered "Ye	S ON F	-01111 5	990, Pa	itiv,	IIIIC	J ¬	
because it had one or more related of the because it had one or more related of the because it had one or more related organization		a corporatio (c) Lega domici (state or fo	n or tru I ile oreign		tax year.	ntity Shar	wered "Ye (f) Te of total income	Share o	(g) f end-of		(h) Percen owner) itage	Secti (13)	(i) on 512(b controlle entity?
because it had one or more rela (a) Name, address, and EIN of related organization	(b) Primary activity	a corporatio (c) Lega domici (state or fr	n or tru I ile oreign	st during the (d) Direct controlli entity	e tax year. (e) Type of er (C corp, S or trust	ntity Shar corp, ii	(f) re of total ncome	Share o	(g) f end-of assets	-year	(h) Percen) itage	Secti (13) e Yes	on 512(b controlle entity?
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated as (b)	a corporatio (c) Lega domici (state or fo	n or tru I ile oreign	st during the (d) Direct controlli	e tax year. (e) Type of er (C corp, S	ntity Shar corp, ii	(f) re of total	Share o	(g) f end-of	-year	(h) Percen) itage	Secti (13)	on 512(b controlle entity?
because it had one or more rela (a) Name, address, and EIN of related organization (1) Kompanion Bank Closed Joint Stock Company	(b) Primary activity	a corporatio (c) Lega domici (state or fr	n or tru I ile oreign	st during the (d) Direct controlli entity	e tax year. (e) Type of er (C corp, S or trust	ntity Shan corp, in	(f) re of total ncome	Share o	(g) f end-of assets 33,081	-year	(h) Percen) itage	Secti (13) e Yes	on 512(b controlle entity?
because it had one or more rela (a) Name, address, and EIN of related organization (1) Kompanion Bank Closed Joint Stock Company	Ated organizations treated as (b) Primary activity MicroFinance Activity / Bank	a corporatio (c) Lega domici (state or fi countr	n or tru I ile oreign	st during the (d) Direct controlli entity Mercy Corps	e tax year. (e) Type of er (C corp, S or trust) C Corporation	ntity Shan corp, in	(f) re of total ncome 1,883,000	Share o	(g) f end-of assets 33,081	-year ,000	(h) Percen) itage	Secti (13) e Yes Yes	on 512(b controlle entity?
because it had one or more related (a) Name, address, and EIN of related organization (1) (1) (2) Mercy Corps India	Ated organizations treated as (b) Primary activity MicroFinance Activity / Bank	a corporatio (c) Lega domici (state or fi countr	n or tru I ile oreign	st during the (d) Direct controlli entity Mercy Corps	e tax year. (e) Type of er (C corp, S or trust) C Corporation	shatity Shan (corp., in)	(f) re of total ncome 1,883,000	Share o	(g) f end-of assets 33,081	-year ,000	(h) Percen) itage	Secti (13) e Yes Yes	on 512(b controlle entity?
because it had one or more related (a) Name, address, and EIN of related organization (1)Kompanion Bank Closed Joint Stock Company (2)Mercy Corps India	MicroFinance Activity / Bank Economic Development	a corporatio (c) Lega domici (state or fi countr KG	n or tru I ile oreign	st during the (d) Direct controlli entity Mercy Corps Mercy Corps	c tax year. (e) Type of er (C corp, S or trust C Corporation	shatity Shan (corp., in)	(f) e of total ncome 1,883,000 -151,000	Share o	(g) f end-of assets 33,081	,000 ,000	(h) Percen) itage	Secti (13) e Yes Yes	on 512(b controlle entity?
because it had one or more related (a) Name, address, and EIN of related organization 1)Kompanion Bank Closed Joint Stock Company 2)Mercy Corps India	MicroFinance Activity / Bank Economic Development	a corporatio (c) Lega domici (state or fi countr KG	n or tru I ile oreign	st during the (d) Direct controlli entity Mercy Corps Mercy Corps	c tax year. (e) Type of er (C corp, S or trust C Corporation	on Share on the state of the st	(f) e of total ncome 1,883,000 -151,000	Share o	(g) f end-of assets 33,081	,000 ,000	(h) Percen) itage	Secti (13) e Yes Yes	on 512(t controlle entity?
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization (1) (1) (2) Mercy Corps India (3) (4) Mercy Corps International Jordan	MicroFinance Activity MicroFinance Activity MicroFinance Activity Economic Development Economic Development	a corporatio (c) Lega domici (state or fi countr KG IN KG	n or tru	st during the (d) Direct controlli entity Mercy Corps Mercy Corps Mercy Corps	c tax year. (e) Type of er (C corp., S or trust) C Corporation C Corporation C Corporation C Corporation	on Share sha	(f) e of total ncome 1,883,000 -151,000 0	Share o	(g) f end-of assets 33,081	,000 ,000 ,000	(h) Percen) itage	Secti (13) e Yes Yes Yes Yes	on 512(b controlle intity? No
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization (1) (1) (2) Mercy Corps India (3) (4) Mercy Corps International Jordan	MicroFinance Activity MicroFinance Activity MicroFinance Activity	a corporatio (c) Lega domici (state or fi countr KG IN	n or tru	st during the (d) Direct controlli entity Mercy Corps Mercy Corps	c tax year. (e) Type of er (C corp, S or trust) C Corporation C Corporation	on Share sha	(f) e of total ncome 1,883,000 -151,000	Share o	(g) f end-of assets 33,081	,000 ,000	(h) Percen) itage	Secti (13) e Yes Yes Yes	on 512(b controlle intity? No
Decause it had one or more relation (a) Name, address, and EIN of related organization 1)Kompanion Bank Closed Joint Stock Company 2)Mercy Corps India 3)Kompanion Invest 4)Mercy Corps International Jordan 5)MC Egypt LLC	MicroFinance Activity Economic Development Economic Development Economic Development Economic Development	a corporatio (c) Lega domic (state or fi countr KG IN KG JO EG	n or tru	st during the (d) Direct controlli entity Mercy Corps Mercy Corps Mercy Corps Mercy Corps	c tax year. (e) Type of er (C corp., S or trust) C Corporation C Corporation C Corporation C Corporation C Corporation C Corporation	shatity Shar in	(f) e of total ncome 1,883,000 -151,000 0	Share o	(g) f end-of assets 33,081	,000 ,000 ,000	(h) Percen) itage	Secti (13) Yes Yes Yes Yes Yes	on 512(t controlle initity? No
because it had one or more rela (a) Name, address, and EIN of	MicroFinance Activity MicroFinance Activity MicroFinance Activity Economic Development Economic Development	a corporatio (c) Lega domici (state or fi countr KG IN KG	n or tru	st during the (d) Direct controlli entity Mercy Corps Mercy Corps Mercy Corps	c tax year. (e) Type of er (C corp., S or trust) C Corporation C Corporation C Corporation C Corporation	shatity Shar in	(f) e of total ncome 1,883,000 -151,000 0	Share o	(g) f end-of assets 33,081	,000 ,000 ,000	(h) Percen) itage	Secti (13) e Yes Yes Yes Yes	on 512(t controlle initity? No
Name, address, and EIN of related organization (1)Kompanion Bank Closed Joint Stock Company (2)Mercy Corps India (3)Kompanion Invest (4)Mercy Corps International Jordan	MicroFinance Activity Economic Development Economic Development Economic Development Economic Development	a corporatio (c) Lega domic (state or fi countr KG IN KG JO EG	n or tru	st during the (d) Direct controlli entity Mercy Corps Mercy Corps Mercy Corps Mercy Corps	e tax year. (e) Type of er (C corp., S or trust) C Corporation	sharity Sharity in Sha	(f) e of total ncome 1,883,000 -151,000 0	Share o	(g) f end-of assets 33,081	,000 ,000 ,000	(h) Percen) itage	Secti (13) Yes Yes Yes Yes Yes	on 512(t controlle intity? No

Page **3**

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, o	r IV of this schedule.		

1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
c	Gift, grant, or capital contribution from related organization(s)	1 c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
	Sale of assets to related organization(s)	1 g		No
	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1 s		No
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 Method of determining	amount	involve	d

Р	Reimbursement paid to related organization(s) for expenses				1p		No
q	Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
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 tran	saction thresholds.			
—		(b)	(c)	(d)			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount in	nvolved	
		Transaction			mount ii	nvolved	
		Transaction			mount ii	nvolved	
		Transaction			mount ii	nvolved	

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)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Fo		Page 5	
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Return Reference		Explanation	

Additional Data

Company

Mercy Corps India

Kompanion Invest

MC Egypt LLC

Mercy Corps International Jordan

Asian Credit Fund MCO LLC

Beijing Mercy Corps LTD

Software ID: 19010655 Software Version: 2019v5.0 **EIN:** 91-1148123

Fo

	N	ame: Mercy	Corps		
0, Schedule R, Part IV - Ide	ntification of Related	Organizatio	ons Taxable as a Co	orporation or Tru	ıst
(a)	l (b)	(c)	(4)	(e)	

Economic Development

MicroFinance Activity

Economic Development

Economic Development

Economic Development

Fundraising and Program

Implementation

IN

KG

JO

EG

ΚZ

CH

orm 990, Schedule R, Part IV - Ide	ntification of Related	Organizations	T
(a)	(b)	(c)	[
Name, address, and EIN of	Primary activity	Legal	

Bank

(d) (f) (h) (i) (e) (g) Direct controlling Type of entity Share of total Share of end-of-vear Section 512 Percentage related organization domicile entity (C corp, S corp, income assets ownership (b)(13)(state or foreign or trust) controlled entity? country) Yes No Kompanion Bank Closed Joint Stock MicroFinance Activity / KG Mercy Corps C Corporation 1,883,000 33,081,000 Yes

C Corporation

C Corporation

C Corporation

C Corporation

C Corporation

Mercy Corps China C Corporation

-151,000

1.000

0

Ω

0

Ω

-3,000

12,000

0

0

0

0

Yes

Yes

Yes

Yes

Yes

Yes

Mercy Corps

Mercy Corps

Mercy Corps

Mercy Corps

Mercy Corps

Holdings LLC