

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization MERCY CORPS
 Doing business as MERCY CORPS
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
45 SW ANKENY ST
 City or town, state or province, country, and ZIP or foreign postal code
PORTLAND, OR 97204

D Employer identification number
91-1148123

E Telephone number
(503) 896-5000

G Gross receipts \$ 313,359,097

F Name and address of principal officer: JENNIFER COOPERMAN
SAME AS C ABOVE

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

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

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

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1981 **M** State of legal domicile: WA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>MERCY CORPS IS A LEADING GLOBAL ORGANIZATION POWERED BY THE BELIEF THAT A BETTER WORLD IS POSSIBLE. IN DISASTER, IN HARDSHIP, IN (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>17</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>16</u>
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	<u>617</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>116</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>3,000</u>
	b	Net unrelated business taxable income from Form 990-T, line 38	7b	<u>0</u>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>308,220,968</u>	<u>309,347,661</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,101,358</u>	<u>1,475,619</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(901,011)</u>	<u>760,766</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>308,644,568</u>	<u>311,736,878</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>85,166,695</u>	<u>89,944,697</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>109,496,227</u>	<u>121,962,270</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>1,504,966</u>	<u>1,922,200</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>16,945,583</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>117,612,920</u>	<u>107,501,566</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>313,780,808</u>	<u>321,330,733</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>(5,136,240)</u>	<u>(9,593,855)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>188,946,120</u>	<u>172,705,532</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>104,333,976</u>	<u>97,060,213</u>
		<u>84,612,144</u>	<u>75,645,319</u>	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title JENNIFER COOPERMAN, CHIEF FINANCIAL OFFICER

Paid Preparer Use Only

Print/Type preparer's name JENNIFER BECKER HARRIS Preparer's signature JENNIFER BECKER HARRIS Date 01/31/20 Check if self-employed PTIN P00183358

Firm's name ▶ CLARK NUBER Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 4TH STREET NE SUITE 1400, BELLEVUE, WA 98004 Phone no. (425) 454-4919

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

Part III Statement of Program Service Accomplishments

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

- 1** Briefly describe the organization's mission:
MERCY CORPS MISSION IS TO ALLEVIATE SUFFERING, POVERTY AND OPPRESSION BY HELPING PEOPLE BUILD SECURE, PRODUCTIVE AND JUST COMMUNITIES.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 79,112,712 including grants of \$ 24,538,835) (Revenue \$ 402,580)
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' CLIMATE RESILIENCE WORK TACKLED THE HUMAN IMPACTS OF CLIMATE CHANGE—PARTICULARLY DISAPPEARING LIVELIHOODS, RISING FOOD INSECURITY, INCREASING DISASTER AND ESCALATING VIOLENCE—BY EMPOWERING COMMUNITIES TO ADAPT, INNOVATE AND THRIVE. 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.

4b (Code:) (Expenses \$ 75,302,842 including grants of \$ 30,520,764) (Revenue \$ 500,719)
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, MERCY CORPS WORKS WITH INDIVIDUALS AND COMMUNITIES TO ACHIEVE FINANCIAL INCLUSION AND INDEPENDENCE. PARTICULARLY IN THE MIDDLE EAST AND AFRICA, WE CONNECT YOUNG PEOPLE TO THE RESOURCES THEY NEED TO BUILD DEMAND-DRIVEN SKILLS AND TO LAND AND KEEP JOBS. WE BLEND NON-FORMAL EDUCATION, VOCATIONAL AND SOFT SKILLS TRAINING, APPRENTICESHIPS, MENTORING AND ACCESS TO FINANCIAL AND TECHNOLOGICAL SERVICES, AS WELL AS ADDRESS THE SOCIAL AND CULTURAL NORMS WHICH OFTEN PREVENT YOUNG PEOPLE FROM ACCESSING WORK OPPORTUNITIES.

4c (Code:) (Expenses \$ 42,310,387 including grants of \$ 15,546,227) (Revenue \$ 255,049)
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.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 58,246,164 including grants of \$ 19,338,871) (Revenue \$ 317,271)

4e Total program service expenses **▶** 254,972,105

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input checked="" type="checkbox"/>	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 617		
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)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	✓	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		✓
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)?	✓	
b	If "Yes," enter the name of the foreign country: AF, BM, CT, CO, (CONTINUED ON SCHEDULE O) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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

Section A. Governing Body and Management

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

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

	Yes	No
10a		<input checked="" type="checkbox"/>
10b		
11a	<input checked="" type="checkbox"/>	
11b		
12a	<input checked="" type="checkbox"/>	
12b	<input checked="" type="checkbox"/>	
12c	<input checked="" type="checkbox"/>	
13	<input checked="" type="checkbox"/>	
14	<input checked="" type="checkbox"/>	
15a	<input checked="" type="checkbox"/>	
15b	<input checked="" type="checkbox"/>	
16a		<input checked="" type="checkbox"/>
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [AL, AR, CA, FL, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** 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](#)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NEAL KENY-GUYER CHIEF EXECUTIVE OFFICER	40.0 1.0	✓		✓				473,219	0	41,374
(2) ALLEN GROSSMAN CO-CHAIR	3.0 0.0	✓		✓				0	0	0
(3) LINDA MASON CO-CHAIR	5.0 0.0	✓		✓				0	0	0
(4) ROBERT NEWELL TREASURER	5.0 0.0	✓		✓				0	0	0
(5) NICK BLAZQUEZ BOARD MEMBER	3.0 0.0	✓						0	0	0
(6) SCOTT BROWN BOARD MEMBER	2.0 0.0	✓						0	0	0
(7) RYAN CROCKER BOARD MEMBER	1.0 0.0	✓						0	0	0
(8) GUN DENHART BOARD MEMBER	3.0 0.0	✓						0	0	0
(9) VIJAYA GADDE BOARD MEMBER	1.0 0.0	✓						0	0	0
(10) MARK GORDON BOARD MEMBER	4.0 0.0	✓						0	0	0
(11) LUCY HELM BOARD MEMBER	5.0 0.0	✓						0	0	0
(12) GISEL KORDESTANI BOARD MEMBER	5.0 0.0	✓						0	0	0
(13) DAVID MAHONEY BOARD MEMBER	3.0 0.0	✓						0	0	0
(14) GEORGE PAPANDREOU BOARD MEMBER	1.0 0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KEVIN RYAN BOARD MEMBER	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) GAYLE TZEMACH LEMMON BOARD MEMBER	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) MELISSA WAGGENER ZORKIN BOARD MEMBER	5.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) TOM MURRAY BOARD MEMBER	3.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) JEREMIAH CENTRELLA GENERAL COUNSEL & ASST. CORP. SECRETARY	40.0 1.0			<input checked="" type="checkbox"/>				211,167	0	38,167
(20) EMILY K CHOW ASSISTANT CORPORATE SECRETARY	40.0 0.0			<input checked="" type="checkbox"/>				44,811	0	11,153
(21) BETH DEHAMEL CHIEF FINANCIAL OFFICER	40.0 1.0			<input checked="" type="checkbox"/>				255,750	0	34,541
(22) BARNES HUMPHREYS ELLIS SENIOR LEGAL COUNSEL & CORPORATE SECRETARY	40.0 1.0			<input checked="" type="checkbox"/>				134,184	0	27,052
(23) ARTHUR PONT CHIEF PEOPLE STRATEGY AND LEARNING OFFICER	40.0 0.0				<input checked="" type="checkbox"/>			225,500	0	39,056
(24) CRAIG ALAN REDMOND SENIOR VICE PRESIDENT - PROGRAMS	40.0 0.0				<input checked="" type="checkbox"/>			246,750	0	40,359
(25) (SEE STATEMENT)										
1b Sub-total								1,591,381	0	231,702
c Total from continuation sheets to Part VII, Section A								1,150,566	0	92,211
d Total (add lines 1b and 1c)								2,741,947	0	323,913

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THOMPSON HABIB & DENISON INC, 80 HAYDEN AVE, SUITE 300, LEXINGTON, MA 02421	CONSULTING	988,113
MDS COMMUNICATIONS, 545 W JUANITA AVE, MESA, AZ 85210	TELEMARKETING	431,640
SLALOM LLC, PO BOX 84904, SEATTLE, WA 98124-6204	PROJECT MANAGEMENT	412,350
KPMG LLP, PO BOX 120001, DALLAS, TX 75312-0771	AUDIT SERVICES	351,218
KONTERRA GROUP LLC, 700 12TH ST, NW, WASHINGTON, DC 20005	EMPLOYEE CARE	278,756

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 11

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0					
	b Membership dues	1b	0					
	c Fundraising events	1c	0					
	d Related organizations	1d	0					
	e Government grants (contributions)	1e	176,104,088					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	133,243,573					
	g Noncash contributions included in lines 1a-1f: \$		3,675,027					
	h Total. Add lines 1a-1f			309,347,661				
Program Service Revenue	Business Code							
	2a PROGRAM ACTIVITIES REVENUE		900099	1,050,356	1,050,356	0	0	
	b LOAN INTEREST AND FEES		525990	425,263	425,263	0	0	
	c _____							
	d _____							
	e _____							
	f All other program service revenue .			0	0	0	0	
g Total. Add lines 2a-2f			1,475,619					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			636,578	0	0	636,578	
	4 Income from investment of tax-exempt bond proceeds			0	0	0	0	
	5 Royalties			1,365	0	0	1,365	
	6a Gross rents	(i) Real	27,060					
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)	27,060	0				
	d Net rental income or (loss)			27,060	0	0	27,060	
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,598,539	147,868				
		(ii) Other						
		b Less: cost or other basis and sales expenses	1,622,219	0				
		c Gain or (loss)	(23,680)	147,868				
	d Net gain or (loss)			124,188	0	0	124,188	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	0					
		b Less: direct expenses						
		c Net income or (loss) from fundraising events .			0		0	0
	9a Gross income from gaming activities. See Part IV, line 19	a	0					
b Less: direct expenses								
c Net income or (loss) from gaming activities . .				0	0	0	0	
10a Gross sales of inventory, less returns and allowances	a	471						
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory . .			471	0	0	471	
Miscellaneous Revenue			Business Code					
11a OTHER INCOME		900099	123,936	0	3,000	120,936		
b _____								
c _____								
d All other revenue			0	0	0	0		
e Total. Add lines 11a-11d			123,936					
12 Total revenue. See instructions			311,736,878	1,475,619	3,000	910,598		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	803,273	803,273		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	89,141,424	89,141,424		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,919,399	0	1,867,403	51,996
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	84,233,776	57,614,275	22,196,892	4,422,609
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,178,771	1,517,892	544,691	116,188
9 Other employee benefits	29,890,067	20,145,534	8,184,030	1,560,503
10 Payroll taxes	3,740,257	2,508,154	1,037,491	194,612
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	285,075	203,822	81,253	0
c Accounting	380,570	103,170	277,400	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	1,922,200			1,922,200
f Investment management fees	41,035	0	41,035	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,778,287	1,098,581	2,158,668	521,038
12 Advertising and promotion	0	0	0	0
13 Office expenses	9,178,702	4,175,424	673,523	4,329,755
14 Information technology	3,326,260	1,962,000	1,113,474	250,786
15 Royalties	0	0	0	0
16 Occupancy	6,383,802	5,211,725	1,023,782	148,295
17 Travel	19,065,126	14,346,696	4,481,826	236,604
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	255,791	22,930	189,834	43,027
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	2,656,168	1,401,268	1,047,708	207,192
23 Insurance	595,523	26,005	533,189	36,329
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 <u>CONSUMABLES</u>	17,957,638	17,937,796	19,842	0
b <u>CONSTRUCTION</u>	7,056,886	7,056,886	0	0
c <u>TRAINING MONITORING AND EVALUATION</u>	9,774,236	8,961,209	812,374	653
d <u>OTHER CONTRACTUAL</u>	20,404,475	18,193,667	2,091,398	119,410
e All other expenses	6,361,992	2,540,374	1,037,232	2,784,386
25 Total functional expenses. Add lines 1 through 24e	321,330,733	254,972,105	49,413,045	16,945,583
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	0	0	0

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	18,467,310	1	17,052,971
	2 Savings and temporary cash investments	44,851,251	2	33,573,574
	3 Pledges and grants receivable, net	29,695,327	3	34,607,084
	4 Accounts receivable, net		4	1,825,028
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	570,407	7	378,077
	8 Inventories for sale or use	887,094	8	1,810,405
	9 Prepaid expenses and deferred charges	5,906,618	9	5,706,489
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 59,448,199		
	b Less: accumulated depreciation	10b 28,337,172	32,624,343	10c 31,111,027
	11 Investments—publicly traded securities	19,881,355	11	15,516,225
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	16,535,596	13	16,974,309
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	19,526,819	15	14,150,343
16 Total assets. Add lines 1 through 15 (must equal line 34)	188,946,120	16	172,705,532	
Liabilities	17 Accounts payable and accrued expenses	46,268,266	17	46,457,588
	18 Grants payable	0	18	0
	19 Deferred revenue	48,262,690	19	41,230,103
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	14,461	21	14,733
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	8,858,836	23	8,502,303
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	929,723	25	855,486
	26 Total liabilities. Add lines 17 through 25	104,333,976	26	97,060,213
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	68,522,870	27	68,074,924
	28 Temporarily restricted net assets	16,089,274	28	7,570,395
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	84,612,144	33	75,645,319	
34 Total liabilities and net assets/fund balances	188,946,120	34	172,705,532	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	311,736,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	321,330,733
3	Revenue less expenses. Subtract line 2 from line 1	3	(9,593,855)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84,612,144
5	Net unrealized gains (losses) on investments	5	661,569
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	(3,009)
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(31,530)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,645,319

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) JOHN BURNS ----- PROGRAM DIRECTOR	40.0 ----- 0.0					✓		210,484	0	13,901
(26) ANDREW THOMAS DWONCH ----- MISSION DIRECTOR	40.0 ----- 0.0					✓		197,061	0	14,752
(27) MICHAEL RADCLIFFE ----- COUNTRY DIRECTOR	40.0 ----- 0.0					✓		262,776	0	17,159
(28) DAFNA RAND ----- VICE PRESIDENT OF POLICY AND RESEARCH	40.0 ----- 0.0					✓		205,833	0	28,347
(29) LEESA W SHRADER ----- AGRIFIN ACCELERATE- PROGRAM DIRECTOR	40.0 ----- 0.0					✓		274,412	0	18,052

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MERCY CORPS

Employer identification number
91-1148123

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	328,216,518	344,019,886	313,388,896	308,220,968	309,347,661	1,603,193,929
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	328,216,518	344,019,886	313,388,896	308,220,968	309,347,661	1,603,193,929
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						101,790,212
6 Public support. Subtract line 5 from line 4						1,501,403,717

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	328,216,518	344,019,886	313,388,896	308,220,968	309,347,661	1,603,193,929
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	206,194	154,367	287,316	402,644	665,003	1,715,524
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	33,818	3,000	36,818
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	83,100	74,960	86,321	133,014	121,407	498,802
11 Total support. Add lines 7 through 10						1,605,445,073
12 Gross receipts from related activities, etc. (see instructions)					12	6,581,922
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, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	93.52 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	96.18 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.	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? <i>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.</i>		
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? <i>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.</i>		
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>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	OTHER	48,903	69,101	85,257	130,820	120,936	455,017
	SALE OF INVENTORY	34,197	5,859	1,064	2,194	471	43,785
	Total	83,100	74,960	86,321	133,014	121,407	498,802

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization
MERCY CORPS

Employer identification number
91-1148123

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 137,638,945	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 21,131,624	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 32,003,719	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 18,055,328	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
MERCY CORPS

Employer identification number
 91-1148123

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization MERCY CORPS	Employer identification number 91-1148123
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,253													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	22,652													
c	Total lobbying expenditures (add lines 1a and 1b)	23,905													
d	Other exempt purpose expenditures	319,731,248													
e	Total exempt purpose expenditures (add lines 1c and 1d)	319,755,153													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	69,186	94,084	65,962	23,905	253,137
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	7,592	9,174	6,085	1,253	24,104

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and a table for line 2.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows for questions 1a, 1b, 2 regarding art and historical treasures, including dollar amounts.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,787,172			3,787,172
b Buildings	31,466,372		8,080,926	23,385,446
c Leasehold improvements	1,366,035		936,256	429,779
d Equipment	6,240,640		5,331,784	908,856
e Other	16,587,980		13,988,206	2,599,774
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,111,027

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MICROFINANCE INVESTMENTS	14,338,247	COST
(2) OTHER INVESTMENTS	2,636,062	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	16,974,309	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	14,150,343
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	14,150,343

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	855,486
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	855,486

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII

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

Return Reference - Identifier	Explanation			
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th data-bbox="427 237 1243 279">(a) Description</th> <th data-bbox="1243 237 1524 279">(b) Amount</th> </tr> </thead> </table>		(a) Description	(b) Amount
	(a) Description	(b) Amount		
	EXCLUSION OF REVALUATION OF SPLIT INTEREST AGREEMENT	- 31,530		
RECLASS INVESTMENT MANAGEMENT FEES TO EXPENSE	- 41,045			

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	MERCY CORPS IS A CUSTODIAL AGENT OF DONATIONS RECEIVED BY MERCY CORPS ON BEHALF OF A TRUST CREATED FOR THE BENEFIT OF A WOMAN IN PAKISTAN. THE FUNDS RECEIVED ARE FOR HER USE AND RECORDED AS A LIABILITY ON MERCY CORPS BOOK.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ORGANIZATION HAD BEEN GRANTED TAX EXEMPT STATUS UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING SECTIONS OF THE STATE OF WASHINGTON PROVISIONS AS A PUBLICLY SUPPORTED ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION. U.S. GAAP REQUIRES MERCY CORPS' MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY MERCY CORPS AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF MERCY CORPS HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS). MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN BY MERCY CORPS AND HAS CONCLUDED THAT AS OF JUNE 30, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. MERCY CORPS IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO IRS AUDITS FOR ANY TAX PERIOD.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	4	89	PROGRAM SERVICES, INVESTMENTS	(SEE STATEMENT)	10,681,266
(2) EAST ASIA AND THE PACIFIC	21	660	PROGRAM SERVICES, INVESTMENTS	(SEE STATEMENT)	12,161,562
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	(SEE STATEMENT)	52,745
(4) MIDDLE EAST AND NORTH AFRICA	32	1,390	PROGRAM SERVICES, INVESTMENTS	(SEE STATEMENT)	86,768,880
(5) RUSSIA AND NEIGHBORING STATES	9	174	PROGRAM SERVICES, INVESTMENTS	NURTURE ECONOMIC AND CIVIL SOCIETY DEVELOPMENT AT THE COMMUNITY LEVEL WHILE CHECKING AND/OR REVERSING A SLIDE TOWARD MORE AUTOCRATIC SYSTEM OF BUSINESS AND GOVERNMENT.	19,854,448
(6) SOUTH AMERICA	6	69	PROGRAM SERVICES	(SEE STATEMENT)	4,581,692
(7) SOUTH ASIA	18	638	PROGRAM SERVICES, INVESTMENTS	(SEE STATEMENT)	14,691,032
(8) SUB-SAHARAN AFRICA	91	2,015	PROGRAM SERVICES	(SEE STATEMENT)	97,649,457
(9) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROCUREMENT OF FUNDS	PROCUREMENT OF FUNDS	0
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	181	5,035			246,441,082
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	181	5,035			246,441,082

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CASH TRANSFERS	SUB-SAHARAN AFRICA	346	41,994	CASH			FMV
(2) CASH FOR WORK	SUB-SAHARAN AFRICA	8,687	69,496	CASH			FMV
(3) CASH FOR WORK	SUB-SAHARAN AFRICA	8,185	809,833	CASH			FMV
(4) CASH FOR WORK	SUB-SAHARAN AFRICA	7,960	74,219	CASH			FMV
(5) CASH FOR WORK	SUB-SAHARAN AFRICA	5,744	45,825	CASH			FMV
(6) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	4,185	554,608	CASH			FMV
(7) CASH FOR WORK	EAST ASIA AND THE PACIFIC	2,717	43,327	CASH			FMV
(8) CASH FOR WORK	SUB-SAHARAN AFRICA	2,410	81,161	CASH			FMV
(9) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	1,267	143,068	CASH			FMV
(10) CASH FOR WORK	SUB-SAHARAN AFRICA	707	27,691	CASH			FMV
(11) CASH FOR WORK	SUB-SAHARAN AFRICA	480	38,215	CASH			FMV
(12) CASH FOR WORK	SUB-SAHARAN AFRICA	408	10,970	CASH			FMV
(13) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	345	70,447	CASH			FMV
(14) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	318	55,171	CASH			FMV
(15) CASH FOR WORK	SUB-SAHARAN AFRICA	300	124,256	CASH			FMV
(16) CASH FOR WORK	SUB-SAHARAN AFRICA	268	19,562	CASH			FMV
(17) CASH FOR WORK	SUB-SAHARAN AFRICA	192	8,516	CASH			FMV
(18) (SEE STATEMENT)							

Part IV Foreign Forms

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

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

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

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

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

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

Part II

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY STRENGTHENING PROJECT	21,385	EFT/WIRE			FMV
(2)		SOUTH AMERICA	IMPROVING SCHOOL WATER CAPACITIES	6,000	EFT/WIRE			FMV
(3)		SOUTH AMERICA	SUPPORTING MEDICAL SUPPLY CAPCITIES IN HOSPITALS	6,480	EFT/WIRE			FMV
(4)		SOUTH AMERICA	PROTECTING, EDUCATING AND ADVANCING CHILDREN AND YOUTH IN COLOMBIA	66,636	EFT/WIRE			FMV
(5)		EAST ASIA AND THE PACIFIC	LOAN GUARANTEE MECHANISM	90,504	EFT/WIRE			FMV
(6)		RUSSIA AND NEIGHBORING STATES	FOOD FOR EDUCATION	139,972	EFT/WIRE			FMV
(7)		SUB-SAHARAN AFRICA	IMPROVING RESILIANCE FOR PASTORIALIST THROUGH MARKET EXPANSION	162,163	EFT/WIRE			FMV
(8)		SOUTH AMERICA	PROTECTING, EDUCATING AND ADVANCING CHILDREN AND YOUTH IN COLOMBIA	17,654	EFT/WIRE			FMV
(9)		EAST ASIA AND THE PACIFIC	INSTITUTIONALIZING DISASTER PREPAREDNESS AND MANAGEMENT CAPACITY OF BPBDS IN INDONESIA THROUGH TECHNICAL ASSISTANCE AND TRAINING TEAMS	1,346,476	EFT/WIRE			FMV
(10)		SOUTH ASIA	THE PROMOTING AGRICULTURE, HEALTH AND ALTERNATIVE LIVELIHOODS (PAHAL) PROGRAM IS CONTRIBUTING TO FOOD SECURITY AMONG VULNERABLE POPULATIONS	2,296,938	EFT/WIRE			FMV
(11)		EAST ASIA AND THE PACIFIC	PROMOTING ORGANIZATIONS THAT WORK TO EMPOWER RICE FARMERS	16,490	EFT/WIRE			FMV
(12)		SUB-SAHARAN AFRICA	MARKET-DRIVEN EDUCATIONAL OPPORTUNITIES FOR YOUNG PEOPLE	62,436	EFT/WIRE			FMV
(13)		SUB-SAHARAN AFRICA	ENGAGING COMMUNITIES FOR PEACE	48,736	EFT/WIRE			FMV
(14)		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY STRENGTHENING	2,464,401	EFT/WIRE			FMV

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROJECT					
(15)		SOUTH ASIA	TRANSFORMING LIVES OF THE RURAL POOR IN TEA COMMUNITIES IN INDIA AND GUATEMALA	96,866	EFT/WIRE			FMV
(16)		MIDDLE EAST AND NORTH AFRICA	INVESTING IN SYRIAN HUMANITARIAN ACTION	1,544,745	EFT/WIRE			FMV
(17)		EAST ASIA AND THE PACIFIC	WOMEN'S MOBILE SAVINGS	396,953	EFT/WIRE			FMV
(18)		SUB-SAHARAN AFRICA	DRIVING YOUTH-LED NEW AGRIBUSINESS AND MICROENTERPRISE	74,691	EFT/WIRE			FMV
(19)		EAST ASIA AND THE PACIFIC	RESILIENT COMMUNITIES PROGRAM	17,209	EFT/WIRE			FMV
(20)		SOUTH ASIA	ECONOMIC DEVELOPMENT	113,224	EFT/WIRE			FMV
(21)		CENTRAL AMERICA AND THE CARIBBEAN	YOUTH SAVINGS AND LOANS	11,752	EFT/WIRE			FMV
(22)		SOUTH ASIA	MANAGING RISK THROUGH ECONOMIC DEVELOPMENT	363,204	EFT/WIRE			FMV
(23)		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITIES LED DEVELOPMENT	882,719	EFT/WIRE			FMV
(24)		SUB-SAHARAN AFRICA	CLIMATE INFORMATION SERVICES (CIS) RESEARCH INITIATIVE - AFRICA	97,245	EFT/WIRE			FMV
(25)		SUB-SAHARAN AFRICA	ADDRESSING FOOD AND NUTRITIONAL SECURITY	350,702	EFT/WIRE			FMV
(26)		SUB-SAHARAN AFRICA	BUILDING SAFE AND PRODUCTIVE FUTURES FOR YOUNG WOMEN	12,603	EFT/WIRE			FMV
(27)		EAST ASIA AND THE PACIFIC	HUG KHAO (LOVE RICE)	121,435	EFT/WIRE			FMV
(28)		MIDDLE EAST AND NORTH AFRICA	PROVIDING LEADERSHIP AND LIFE SKILLS FOR ADOLESCENTS AND YOUTH (PLLAY)	956,906	EFT/WIRE			FMV
(29)		EAST ASIA AND THE PACIFIC	INCLUSIVE BUSINESS OPPORTUNITIES AND SUPPORT FOR STRIVERS	25,328	EFT/WIRE			FMV
(30)		MIDDLE EAST AND NORTH AFRICA	SYRIA WOMEN AND YOUTH - ASPIRE 2017-19	586,537	EFT/WIRE			FMV
(31)		MIDDLE EAST AND NORTH AFRICA	ADVANCING ADOLESCENTS AND YOUTH IN JORDAN	1,623,646	EFT/WIRE			FMV
(32)		MIDDLE EAST AND NORTH AFRICA	YOUTH FOR TOMORROW: BUILDING OPPORTUNITIES THROUGH SKILLS	1,203,807	EFT/WIRE			FMV

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			AND WELLBEING					
(33)		CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY SECURITY AND STRENGTHENING	330,871	EFT/WIRE			FMV
(34)		MIDDLE EAST AND NORTH AFRICA	JORDAN WATER INNOVATIONS TECHNOLOGIES	1,611,645	EFT/WIRE			FMV
(35)		CENTRAL AMERICA AND THE CARIBBEAN	PEACE, OPPORTUNITIES AND DIALOGUE: WOMEN ENGAGED FOR RESULTS	75,665	EFT/WIRE			FMV
(36)		MIDDLE EAST AND NORTH AFRICA	YOUTH EMPLOYMENT OPPORTUNITY - IMPACT LABS	323,500	EFT/WIRE			FMV
(37)		SUB-SAHARAN AFRICA	YOUTH EMPLOYMENT OPPORTUNITY - IMPACT LABS	202,907	EFT/WIRE			FMV
(38)		SUB-SAHARAN AFRICA	EMERGENCY CASH TRANSFER VIA MOBILE TO INCLUDE MARKET TRAINING	25,830	EFT/WIRE			FMV
(39)		EAST ASIA AND THE PACIFIC	MICROENTREPRENEURSHIP CAPACITY BUILDING AND GRANTS 2017	20,154	EFT/WIRE			FMV
(40)		SUB-SAHARAN AFRICA	CASH TRANSFERS FOCUSING ON THE MOST VULNERABLE CHILDREN AND THEIR FAMILIES IN CRISES OR IN POST-CRISIS SITUATIONS	626,290	EFT/WIRE			FMV
(41)		MIDDLE EAST AND NORTH AFRICA	SOUTH CENTRAL SYRIA NO LOST GENERATION COMMUNITY CENTERS	9,492	EFT/WIRE			FMV
(42)		SUB-SAHARAN AFRICA	HOLISTIC, INTEGRATED AND TARGETED PROGRAMMING TO IMPROVE COMMUNICATION IN CONFLICT AREAS	157,832	EFT/WIRE			FMV
(43)		MIDDLE EAST AND NORTH AFRICA	EMERGENCY RESPONSE FOR CONFLICT AFFECTED HOUSEHOLDS	549,773	EFT/WIRE			FMV
(44)		MIDDLE EAST AND NORTH AFRICA	BETTER FUTURE THROUGH RECONCILIATION AND CONFLICT PREVENTION	252,920	EFT/WIRE			FMV
(45)		MIDDLE EAST AND NORTH AFRICA	EMERGENCY MULTI-PURPOSE CASH ASSISTANCE	85,969	EFT/WIRE			FMV
(46)		MIDDLE EAST AND NORTH AFRICA	REDUCE THE VULNERABILITY OF CONFLICT-AFFECTED YOUTH THROUGH INCREASED LIVELIHOOD OUTCOMES,	119,838	EFT/WIRE			FMV

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			UTILIZING AN APPROACH THAT FOSTERS PSYCHOSOCIAL WELLBEING					
(47)		MIDDLE EAST AND NORTH AFRICA	FOCUSED LIVELIHOODS, INTEGRATED WASH, AND PROTECTION SUPPORT FOR SYRIAN REFUGEES AND HOST COMMUNITIES IN LEBANON	25,087	EFT/WIRE			FMV
(48)		EAST ASIA AND THE PACIFIC	SUPPORT FOR LEGAL REFORMS THAT WILL ENHANCE RELIGIOUS FREEDOM AND PROTECTION OF RELIGIOUS MINORITY RIGHTS	183,139	EFT/WIRE			FMV
(49)		MIDDLE EAST AND NORTH AFRICA	SUSTAINABLE OPPORTUNITIES FOR LIVELIHOODS, VOCATION & EMPLOYMENT (SOLVE) - YEMEN	321,464	EFT/WIRE			FMV
(50)		MIDDLE EAST AND NORTH AFRICA	MULTI-SECTORAL ASSISTANCE TOWARDS RESILIENCE FOR CONFLICT AFFECTED COMMUNITIES IN SOUTH AND CENTRAL SYRIA	1,512,666	EFT/WIRE			FMV
(51)		SUB-SAHARAN AFRICA	IMPROVING THE FOOD AND NUTRITION SECURITY OF VULNERABLE HOUSEHOLDS	624,046	EFT/WIRE			FMV
(52)		MIDDLE EAST AND NORTH AFRICA	ASSISTING CONFLICT-AFFECTED HOUSEHOLDS IN NORTH SYRIA	563,425	EFT/WIRE			FMV
(53)		SUB-SAHARAN AFRICA	SUPPORTING WOMEN TO DRIVE PEACEFUL CHANGE IN THE CONFLICT-AFFECTED REGIONS BY BUILDING THEIR SKILLS AND CONFIDENCE TO ENGAGE IN ADVOCACY, LOCAL GOVERNANCE AND IN PROMOTING PEACE	120,662	EFT/WIRE			FMV
(54)		SUB-SAHARAN AFRICA	STRENGTHENING COMMUNITY CAPACITIES FOR RESILIENCE AND GROWTH	102,572	EFT/WIRE			FMV
(55)		SUB-SAHARAN AFRICA	ADDRESSING AND DEESCALATING SOCIAL,	102,647	EFT/WIRE			FMV

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			ECONOMIC, ECOLOGICAL, AND GOVERNANCE ISSUES THAT FUEL CONFLICT.					
(56)		SOUTH ASIA	CONTRIBUTE TOWARDS ACHIEVING THE TARGETS OF NATIONAL STRATEGIC PLAN ALIGNED WITH THE END TB STRATEGY FOR REDUCING THE BURDEN OF TB AND MDR-TB IN PAKISTAN	1,675,925	EFT/WIRE			FMV
(57)		SUB-SAHARAN AFRICA	INCREASE THE LITERACY AND NUMERACY (LEARNING OUTCOMES) OF GIRLS	101,512	EFT/WIRE			FMV
(58)		SUB-SAHARAN AFRICA	TRANSFORMING LIVES THROUGH COMMUNITY-LED WASH SERVICES	25,658	EFT/WIRE			FMV
(59)		SUB-SAHARAN AFRICA	ENGAGING YOUTH TO BUILD PEACEFUL COMMUNITIES	303,833	EFT/WIRE			FMV
(60)		SUB-SAHARAN AFRICA	SUPPORT THE COMMUNITY BASED INITIATIVES FOR PEACE	36,149	EFT/WIRE			FMV
(61)		MIDDLE EAST AND NORTH AFRICA	TECHNOLOGY-ENABLED CAREERS HARNESSING UNTAPPED POTENTIAL (TECH UP)	86,407	EFT/WIRE			FMV
(62)		MIDDLE EAST AND NORTH AFRICA	MULTI-PURPOSE CASH ASSISTANCE FOR THE MOST VULNERABLE, CONFLICT-AFFECTED HOUSEHOLDS IN AREAS OF RETURN IN IRAQ	753,522	EFT/WIRE			FMV
(63)		SUB-SAHARAN AFRICA	EMERGENCY WASH INTERVENTION FOR NEWLY ACCESSIBLE COMMUNITIES	39,626	EFT/WIRE			FMV
(64)		SUB-SAHARAN AFRICA	PROVISION OF LIFESAVING EMERGENCY FOOD SECURITY AND LIVELIHOOD SUPPORT TO THE IDPS AND VULNERABLE HOST COMMUNITIES	14,548	EFT/WIRE			FMV
(65)		EAST ASIA AND THE PACIFIC	PROMOTING ENTREPRENEURSHIP & DIGITAL FINANCIAL SERVICES FOR RURAL YOUTH	124,845	EFT/WIRE			FMV
(66)		SUB-SAHARAN	REPOSE RAPIDE	2,082,759	EFT/WIRE			FMV

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		AFRICA	AUX MOUVEMENTS DE POPULATION 9					
(67)		SOUTH ASIA	SUPPORTING CHILDREN, ADOLESCENTS AND YOUTH OF THE ROHINGYA CRISIS	244,758	EFT/WIRE			FMV
(68)		SUB-SAHARAN AFRICA	ASSISTING VULNERABLE, CONFLICT- AFFECTED COMMUNITIES	41,822	EFT/WIRE			FMV
(69)		CENTRAL AMERICA AND THE CARIBBEAN	US - PSM - MICROMENTOR MEXICO EQ	23,392	EFT/WIRE			FMV
(70)		SOUTH AMERICA	ALTERNATIVE LIVELIHOODS TO GROWING COCA PROGRAM	102,925	EFT/WIRE			FMV
(71)		SOUTH ASIA	HUMANITARIAN ASSISTANCE (WASH) FOR PROTRACTED IDPS AND RETURNEES	273,887	EFT/WIRE			FMV
(72)		SOUTH ASIA	LIFESAVING WASH PROGRAMS IN BANGLADESH	142,668	EFT/WIRE			FMV
(73)		SUB-SAHARAN AFRICA	LIVELIHOOD ASSISTANCE TO REFUGEES	29,880	EFT/WIRE			FMV
(74)		SUB-SAHARAN AFRICA	NUTRITION AND WASH IN FOR CHILDREN DELIVERED THROUGH SCHOOLS	16,901	EFT/WIRE			FMV
(75)		EAST ASIA AND THE PACIFIC	MICROENTREPRE NEURSHIP CAPACITY BUILDING AND GRANTS 2018	190,633	EFT/WIRE			FMV
(76)		SUB-SAHARAN AFRICA	ZRBF RESILIENCE KNOWLEDGE HUB	100,865	EFT/WIRE			FMV
(77)		SUB-SAHARAN AFRICA	SUPPORT CONFLICT, DROUGHT AND FLOOD AFFECTED COMMUNITIES AND HOUSEHOLDS WITH WATER, SANITATION AND HYGIENE (WASH) SERVICES, ECONOMIC RECOVERY AND MARKET SYSTEMS (ERMS) SUPPORT, AND AGRICULTURE AND FOOD SECURITY ACTIVITIES IN VILLAGES AND IDP CAMPS	1,498,943	EFT/WIRE			FMV
(78)		SUB-SAHARAN AFRICA	HUMANITARIAN NEEDS AND PROVIDE A FOUNDATION FOR LONGER- TERM SUSTAINABLE	53,258	EFT/WIRE			FMV

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			DEVELOPMENT					
(79)		MIDDLE EAST AND NORTH AFRICA	HARMONIZED MULTI-PURPOSE CASH ASSISTANCE FOR VULNERABLE CONFLICT-AFFECTS HOUSEHOLDS	7,691,336	EFT/WIRE			FMV
(80)		EAST ASIA AND THE PACIFIC	LOMBOK EARTHQUAKE EMERGENCY RESPONSE	364,617	EFT/WIRE			FMV
(81)		EAST ASIA AND THE PACIFIC	LOMBOK EARTHQUAKE EMERGENCY RESPONSE	43,478	EFT/WIRE			FMV
(82)		EAST ASIA AND THE PACIFIC	PROMOTING ORGANIZATIONS THAT WORK TO EMPOWER RICE FARMERS 2	199,861	EFT/WIRE			FMV
(83)		SUB-SAHARAN AFRICA	ENHANCING THE PRODUCTIVITY OF SMALL RUMINANTS THROUGH IMPROVED AND COST EFFECTIVE FEEDING AND ANIMAL HEALTH INTERVENTIONS	69,247	EFT/WIRE			FMV
(84)		MIDDLE EAST AND NORTH AFRICA	REDUCE THE VULNERABILITY OF CONFLICT-AFFECTED YOUTH THROUGH INCREASED LIVELIHOOD OUTCOMES, UTILIZING AN APPROACH THAT FOSTERS PSYCHOSOCIAL WELL-BEING	503,971	EFT/WIRE			FMV
(85)		MIDDLE EAST AND NORTH AFRICA	HOLISTIC HUMANITARIAN ASSISTANCE TO SYRIAN REFUGEES AND HOST COMMUNITIES IN LEBANON	43,892	EFT/WIRE			FMV
(86)		MIDDLE EAST AND NORTH AFRICA	YOUTH ADVANCEMENT FOR A PEACEFUL AND PRODUCTIVE TOMORROW (PEACE-PRO) IN JORDAN	50,844	EFT/WIRE			FMV
(87)		MIDDLE EAST AND NORTH AFRICA	PROTECTION AND HUMANITARIAN COORDINATION ASSISTANCE TO CONFLICT AFFECTED COMMUNITITES IN CENTRAL AND NORTHEAST SYRIA	300,000	EFT/WIRE			FMV
(88)		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE TO SULAWESI TSUNAMI IN INDONESIA	321,550	EFT/WIRE			FMV
(89)		EAST ASIA AND	2018	291,999	EFT/WIRE			FMV

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		THE PACIFIC	EARTHQUAKE & TSUNAMI RESPONSE					
(90)		RUSSIA AND NEIGHBORING STATES	IMPROVING HANDWASHING AND SANITATION IN SCHOOLS	24,985	EFT/WIRE			FMV
(91)		EAST ASIA AND THE PACIFIC	JOB CREATION THROUGH PROFESSIONAL MENTORING	31,150	EFT/WIRE			FMV
(92)		MIDDLE EAST AND NORTH AFRICA	YEMEN EMERGENCY FOOD ASSISTANCE PROGRAM III	647,850	EFT/WIRE			FMV
(93)		SUB-SAHARAN AFRICA	PEACEBUILDING ACTIVITIES IN TARGETED COMMUNITIES FOCUSING ON YOUTH	72,788	EFT/WIRE			FMV
(94)		MIDDLE EAST AND NORTH AFRICA	MULTI-PURPOSE CASH ASSISTANCE FOR THE MOST VULNERABLE CONFLICT AFFECTED HOUSEHOLDS IN IRAQ	300,000	EFT/WIRE			FMV
(95)		SUB-SAHARAN AFRICA	CHOLERA RESPONSE AND PREPAREDNESS IN SEVEN DISTRICTS OF MANICALAND PROVINCE	44,954	EFT/WIRE			FMV
(96)		EAST ASIA AND THE PACIFIC	EMERGENCY FUND IN RESPONSE TO TSUNAMI IN SUNDA STRAID, INDONESIA	18,524	EFT/WIRE			FMV
(97)		EAST ASIA AND THE PACIFIC	CENTRAL SULAWESI EARTHQUAKE WASH SUPPORT IN INDONESIA	92,591	EFT/WIRE			FMV
(98)		SUB-SAHARAN AFRICA	PREVENTING VIOLENT EXTREMISM ACTIONS THROUGH INCREASED SOCIAL COHESION EFFORTS	9,520	EFT/WIRE			FMV
(99)		SUB-SAHARAN AFRICA	INTEGRATED FOOD SECURITY, LIVELIHOOD, BASIC HEALTH, NUTRITION, WATER AND SANITATION SERVICES FOR CONFLICT AFFECTED AND VULNERABLE POPULATIONS	13,434	EFT/WIRE			FMV
(100)		SUB-SAHARAN AFRICA	AGRIFIN ACCELERATE MOBILE HUB	33,741	EFT/WIRE			FMV
(101)		EAST ASIA AND THE PACIFIC	INSTITUTIONALIZING DISASTER PREPAREDNESS AND	52,889	EFT/WIRE			FMV

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			MANAGEMENT CAPACITY					
(102)		SOUTH AMERICA	SCALING HIGH-IMPACT INNOVATIONS OF SOCIAL ENTREPRENEURS	165,611	EFT/WIRE			FMV
(103)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SCALING HIGH-IMPACT INNOVATIONS OF SOCIAL ENTREPRENEURS	249,566	EFT/WIRE			FMV

Part III

Grants and Other Assistance to Individuals Outside the United States (continued)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(18) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	186	320,923	CASH			FMV
(19) CASH FOR WORK	SUB-SAHARAN AFRICA	173	8,561	CASH			FMV
(20) CASH FOR WORK	SUB-SAHARAN AFRICA	150	14,689	CASH			FMV
(21) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	132	26,270	CASH			FMV
(22) CASH FOR WORK	SUB-SAHARAN AFRICA	120	22,330	CASH			FMV
(23) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	78	11,616	CASH			FMV
(24) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	75	16,540	CASH			FMV
(25) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	26	6,446	CASH			FMV
(26) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	23	7,302	CASH			FMV
(27) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	1	2,051	CASH			FMV
(28) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	60	253,742	CASH			FMV
(29) CASH TRANSFERS	SUB-SAHARAN AFRICA	240	7,419	CASH			FMV
(30) CASH TRANSFERS	SUB-SAHARAN AFRICA	88,283	989,624	CASH			FMV
(31) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	59,965	107,179	CASH			FMV
(32) CASH TRANSFERS	SUB-SAHARAN AFRICA	8,024	603,595	CASH			FMV
(33) CASH TRANSFERS	SUB-SAHARAN AFRICA	7,043	874,478	CASH			FMV
(34) CASH TRANSFERS	SOUTH AMERICA	6,422	274,469	CASH			FMV
(35) CASH TRANSFERS	SOUTH AMERICA	5,656	264,255	CASH			FMV
(36) CASH TRANSFERS	SUB-SAHARAN AFRICA	5,059	264,695	CASH			FMV
(37) CASH TRANSFERS	SUB-SAHARAN AFRICA	5,000	628,337	CASH			FMV
(38) CASH TRANSFERS	SUB-SAHARAN AFRICA	4,999	294,915	CASH			FMV
(39) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	4,377	1,667,966	CASH			FMV
(40) CASH TRANSFERS	EAST ASIA AND THE PACIFIC	4,034	62,512	CASH			FMV
(41) CASH TRANSFERS	SUB-SAHARAN AFRICA	3,690	184,312	CASH			FMV
(42) CASH TRANSFERS	SUB-SAHARAN AFRICA	3,295	217,818	CASH			FMV
(43) CASH TRANSFERS	SUB-SAHARAN AFRICA	2,233	188,507	CASH			FMV
(44) CASH TRANSFERS	EAST ASIA AND THE PACIFIC	2,067	6,015	CASH			FMV
(45) CASH TRANSFERS	SUB-SAHARAN AFRICA	2,067	96,188	CASH			FMV
(46) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	1,800	84,321	CASH			FMV
(47) CASH TRANSFERS	SOUTH AMERICA	1,742	42,187	CASH			FMV
(48) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	1,527	24,522	CASH			FMV
(49) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	1,503	167,203	CASH			FMV

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(50) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	1,468	295,144	CASH			FMV
(51) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	1,331	536,074	CASH			FMV
(52) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	830	178,961	CASH			FMV
(53) CASH TRANSFERS	SUB-SAHARAN AFRICA	800	173,750	CASH			FMV
(54) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	775	312,258	CASH			FMV
(55) CASH TRANSFERS	SUB-SAHARAN AFRICA	669	154,797	CASH			FMV
(56) CASH TRANSFERS	SUB-SAHARAN AFRICA	588	35,966	CASH			FMV
(57) CASH TRANSFERS	CENTRAL AMERICA AND THE CARIBBEAN	385	28,368	CASH			FMV
(58) CASH TRANSFERS	SUB-SAHARAN AFRICA	358	80,961	CASH			FMV
(59) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	342	137,790	CASH			FMV
(60) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	194	189,800	CASH			FMV
(61) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	176	265,060	CASH			FMV
(62) CASH TRANSFERS	SUB-SAHARAN AFRICA	160	12,338	CASH			FMV
(63) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	138	44,486	CASH			FMV
(64) CASH TRANSFERS	SOUTH AMERICA	137	7,190	CASH			FMV
(65) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	135	285,110	CASH			FMV
(66) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	40	54,157	CASH			FMV
(67) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	39	15,565	CASH			FMV
(68) CASH TRANSFERS	SUB-SAHARAN AFRICA	30	5,559	CASH			FMV
(69) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	21	27,148	CASH			FMV
(70) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	21	5,461	CASH			FMV
(71) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	13	16,997	CASH			FMV
(72) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	2	17,000	CASH			FMV
(73) VOUCHERS	SUB-SAHARAN AFRICA	183,369	1,186,224	CASH			FMV
(74) VOUCHERS	SUB-SAHARAN AFRICA	57,073	732,154	CASH			FMV
(75) VOUCHERS	MIDDLE EAST AND NORTH AFRICA	23,601	1,024,238	CASH			FMV
(76) VOUCHERS	MIDDLE EAST AND NORTH AFRICA	11,776	48,436	CASH			FMV
(77) VOUCHERS	SUB-SAHARAN AFRICA	9,000	37,019	CASH			FMV
(78) VOUCHERS	SUB-SAHARAN AFRICA	8,500	5,689,761	CASH			FMV
(79) VOUCHERS	SOUTH AMERICA	8,029	933,543	CASH			FMV
(80) VOUCHERS	SUB-SAHARAN AFRICA	7,760	1,940,116	CASH			FMV
(81) VOUCHERS	SUB-SAHARAN AFRICA	7,003	134,132	CASH			FMV
(82) VOUCHERS	SUB-SAHARAN AFRICA	5,707	39,868	CASH			FMV
(83) VOUCHERS	MIDDLE EAST AND NORTH AFRICA	3,589	231,248	CASH			FMV
(84) VOUCHERS	SUB-SAHARAN AFRICA	3,196	479,368	CASH			FMV
(85) VOUCHERS	SUB-SAHARAN AFRICA	3,059	217,192	CASH			FMV
(86) VOUCHERS	SOUTH AMERICA	1,472	129,115	CASH			FMV

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(87) VOUCHERS	SUB-SAHARAN AFRICA	883	25,629	CASH			FMV
(88) VOUCHERS	SUB-SAHARAN AFRICA	510	31,780	CASH			FMV
(89) VOUCHERS	SUB-SAHARAN AFRICA	505	9,697	CASH			FMV
(90) VOUCHERS	SUB-SAHARAN AFRICA	485	5,335	CASH			FMV
(91) VOUCHERS	SUB-SAHARAN AFRICA	423	20,165	CASH			FMV
(92) VOUCHERS	SUB-SAHARAN AFRICA	376	93,935	CASH			FMV
(93) VOUCHERS	SUB-SAHARAN AFRICA	167	6,665	CASH			FMV
(94) VOUCHERS	EAST ASIA AND THE PACIFIC	57	28,828	CASH			FMV
(95) MATERIAL AID	SUB-SAHARAN AFRICA	11,853			775,616	FOOD COMMODITIES	USAID
(96) MATERIAL AID	RUSSIA AND NEIGHBORING STATES	53,046			650,373	FOOD COMMODITIES	USAID

Part V

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

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

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

MERCY CORPS

91-1148123

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 THOMPSON HABIB & DENISON INC, 80 HAYDEN AVE, SUITE 300, LEXINGTON, MA 02421	CONSULTING		✓	0	713,577	(713,577)
2 MDS COMMUNICATION, 545 W JUANITA AVE, MESA, AZ 85210	TELEMARKETING		✓	893,977	431,640	462,337
3 M&R STRATEGIC SERVICES, 1901 L STREET NW, SUITE 800, WASHINGTON, DC 20036	CONSULTING		✓	0	188,296	(188,296)
4 ANNE LEWIS STRATEGIES LLC, 650 MASSACHUSETTS AVE. NW, SUITE 505, WASHINGTON, DC 20001	CONSULTING		✓	0	241,290	(241,290)
5 DONOR SERVICES GROUP, 6715 SUNSET BLVD, LOS ANGELES, CA 90028	TELEMARKETING		✓	107,458	91,668	15,790
6						
7						
8						
9						
10						
Total				1,001,435	1,666,471	(665,036)

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY CORPS

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

91-1148123

Part I General Information on Grants and Assistance

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

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

1 (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)							

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

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>SUB-GRANTEES ARE SELECTED EITHER THROUGH A REQUEST FOR APPLICATION PROCESS OR INCLUDED IN PROGRAM PROPOSAL DESIGNED BASED ON THE SUB-GRANTEES TECHNICAL MERITS AND COST CRITERIA INCLUDED IN THE PROGRAM DESCRIPTION. ALL SUB-RECIPIENTS ARE ISSUED A SUB-GRANT AGREEMENT WHICH OUTLINES THE APPROVED PROGRAM DESCRIPTION, APPROVED BUDGET, REPORTING REQUIREMENTS AND RELEVANT REGULATIONS. PRIOR TO ISSUING A SUB-GRANT AGREEMENT, THE FREQUENCY OF FINANCIAL AND PROGRAMMATIC REPORTING AND LEVEL OF SUPPORTING DOCUMENTATION TO SUBMIT IS DETERMINED, DEPENDING ON THE SIZE AND SOPHISTICATION OF THE SUB-GRANT/SUB-RECIPIENT AND THEIR EXPERIENCE WITH PRIME DONOR FUNDING. THE FINANCE DEPARTMENT WILL REVIEW THE FINANCIAL REPORTS AGAINST THE APPROVED BUDGET AND REGULATION TO CONFIRM THAT EXPENDITURES ARE ALLOWABLE. GENERALLY, FOR SMALLER, FIRST TIME RECIPIENTS, COPIES OR ORIGINALS OF SUPPORTING DOCUMENTATION ARE SUBMITTED AND REVIEWED IN-COUNTRY BY THE FINANCE DEPARTMENT. FOR MID-SIZE SUB-GRANTS FAMILIAR WITH MC AND DONOR REQUIREMENTS, MANAGERS WILL DO PERIODIC SITE 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 SUP-RECIPIENT TO ENSURE THAT THE SUB-RECIPIENT IS PERFORMING THE ACTIVITIES PER THE SUB-GRANT.</p>
<p>SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT</p>	<p>LINE 1 - SMALL BUSINESS INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) CLIENTS - MATCHED SAVINGS</p>
<p>SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT</p>	<p>LINE 4 - CASH ASSISTANCE FOR INDIVIDUALS RE-ENTERING CIVIL SOCIETY FROM INCARCERATION</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY CORPS

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

91-1148123

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NEAL KENY-GUYER CHIEF EXECUTIVE OFFICER	(i)	385,119	88,100	0	15,600	25,774	514,593	0
	(ii)	0	0	0	0	0	0	0
2 JEREMIAH CENTRELLA GENERAL COUNSEL & ASST. CORP. SECRETARY	(i)	209,167	2,000	0	12,670	25,497	249,334	0
	(ii)	0	0	0	0	0	0	0
3 BETH DEHAMEL CHIEF FINANCIAL OFFICER	(i)	255,750	0	0	15,345	19,196	290,291	0
	(ii)	0	0	0	0	0	0	0
4 BARNES HUMPHREYS ELLIS SENIOR LEGAL COUNSEL & CORPORATE SECRETARY	(i)	134,184	0	0	8,051	19,001	161,236	0
	(ii)	0	0	0	0	0	0	0
5 ARTHUR PONT CHIEF PEOPLE STRATEGY AND LEARNING OFFICER	(i)	225,500	0	0	13,530	25,526	264,556	0
	(ii)	0	0	0	0	0	0	0
6 CRAIG ALAN REDMOND SENIOR VICE PRESIDENT - PROGRAMS	(i)	246,750	0	0	14,805	25,554	287,109	0
	(ii)	0	0	0	0	0	0	0
7 JOHN BURNS PROGRAM DIRECTOR	(i)	97,534	0	112,950	5,852	8,049	224,385	0
	(ii)	0	0	0	0	0	0	0
8 ANDREW THOMAS DWONCH MISSION DIRECTOR	(i)	115,000	0	82,061	6,587	8,165	211,813	0
	(ii)	0	0	0	0	0	0	0
9 MICHAEL RADCLIFFE COUNTRY DIRECTOR	(i)	145,356	2,000	115,420	8,841	8,318	279,935	0
	(ii)	0	0	0	0	0	0	0
10 DAFNA RAND VICE PRESIDENT OF POLICY AND RESEARCH	(i)	205,833	0	0	2,850	25,497	234,180	0
	(ii)	0	0	0	0	0	0	0
11 LEESA W SHRADER AGRIFIN ACCELERATE- PROGRAM DIRECTOR	(i)	160,077	0	114,335	9,605	8,447	292,464	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	EXECUTIVES MAY FLY FIRST CLASS ON INTERNATIONAL FLIGHTS WHEN BUSINESS CLASS IS NOT AVAILABLE AS PART OF NON-TAXABLE BENEFIT: KENY-GUYER, N \$18,389.
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	PER POLICY, EXPATS LIVING OVERSEAS ARE PROVIDED HOUSING ALLOWANCE AND TAX INDEMNIFICATION AS TAXABLE COMPENSATION. HOUSING ALLOWANCE FOR RESIDENCE FOR PERSONAL USE: SHRADER, L \$27,758; RADCLIFFE, M \$19,106; DWONCH, A \$45,464, BURNS, J \$30,276.
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	TAX INDEMNIFICATION: SHRADER, L \$61,333, BURNS, J \$44,871. GROSS-UP PAYMENT AS PART OF COMPENSATION PACKAGE IS MADE AVAILABLE TO: KENY-GUYER, N \$2,588.
SCHEDULE J, PART I, LINE 1B - WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES	MERCY CORPS DOES NOT HAVE A STATED POLICY ON FIRST CLASS TRAVEL AS IT IS ONLY AVAILABLE TO EXECUTIVES AS AN OPTION IF BUSINESS CLASS IS NOT AVAILABLE. TAX INDEMNIFICATION AND HOUSING ALLOWANCE ARE PER POLICY.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	MERCY CORPS EVALUATES THE REASONABLENESS OF MAXIMUM VARIABLE COMPENSATION REGARDLESS OF WHETHER THE MAXIMUM OF THE VARIABLE COMPENSATION AMOUNT IS ACTUALLY PAID. NON FIXED PAYMENT OF A BONUS WAS PROVIDED TO FEW EMPLOYEES OF THE ORGANIZATION BASED ON COMPENSATION AND PERFORMANCE REVIEWED. THE BONUS WAS DETERMINED BASED ON PERFORMANCE IN COMPARISON TO PEER ORGANIZATIONS AND IN CONTEXT OF THE CHALLENGES FACED BY THE ORGANIZATION DURING THE YEAR. KENY-GUYER, N \$88,100, CENTRELLA, J \$2,000, RADCLIFFE, M \$2,000.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MERCY CORPS

Employer identification number
91-1148123

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF OREGON OREGON FACILITIES AUTHORITY	97-6001787		06/25/2015	9,130,000	(SEE STATEMENT)		✓		✓		✓
B												
C												
D												

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	273,700							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	9,130,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	171,162							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	8,958,838							
12	Other unspent proceeds	0							
13	Year of substantial completion	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓						
16	Has the final allocation of proceeds been made?	✓							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

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

Cat. No. 50193E

Schedule K (Form 990) 2018

Part III Private Business Use

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

Part IV Arbitrage

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

Part VI

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

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

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

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHIRINE PONT LLC	SHIRINE PONT LLC IS OWNED BY SHIRINE PONT, THE SPOUSE OF KEY EMPLOYEE ARTHUR N PONT	\$11,817	GRAPHIC DESIGN		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
MERCY CORPS

Employer identification number
91-1148123

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	289	1,640,252	MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	1,371	1,425,989	SELLING COST
20				
21				
22				
23				
24				
25	✓	1,500	83,925	MARKET VALUE
26	✓	1,000	20,000	MARKET VALUE
27	✓	31	36,450	MARKET VALUE
28	✓	850	468,411	MARKET VALUE

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

	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?		✓
b If "Yes," describe the arrangement in Part II.		
31 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 contributions?		✓
b If "Yes," describe in Part II.		
33 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.		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS RECEIVED. FOOD INVENTORY - NUMBER OF ITEMS RECEIVED OTHER - SMALL EQUIPMENT NUMBER OF ITEMS RECEIVED OTHER - SMALL EQUIPMENT NUMBER OF ITEMS RECEIVED OTHER - SOFTWARE LICENSES NUMBER OF ITEMS RECEIVED OTHER - COMPUTER EQUIPMENT NUMBER OF ITEMS RECEIVED

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization
MERCY CORPS

Employer Identification Number
91-1148123

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	MORE THAN 40 COUNTRIES AROUND THE WORLD, WE PARTNER TO PUT BOLD SOLUTIONS INTO ACTION - HELPING PEOPLE TRIUMPH OVER ADVERSITY AND BUILD STRONGER COMMUNITIES FROM WITHIN.
FORM 990, PART V, LINE 3B - REASON FOR NOT FILING FORM 990-T	THE FORM 990-T TO BE FILED PRIOR TO MAY 15 DEADLINE
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	CG, TT, ET, GG, GT, HA, IZ, IS, JO, KE, KG, LE, LI, LY, ML, MG, NP, NG, NI, PK, RQ, SO, SU, TI, TZ, TS, UG, YM, ZI, OD
FORM 990, PART VI, LINE 5 - DIVERSION OF ORGANIZATION ASSETS	<p>IN 2018, MERCY CORPS RECEIVED REPORTS OF WRONG-DOING RELATED TO CASH TRANSFER ACTIVITIES IN ONE OF ITS SUB-SAHARAN PROGRAMS. THE REPORTS OF INELIGIBLE BENEFICIARIES; "NO-SHOWS" AT INTERVENTIONS; LARGE NUMBERS OF ZERO SCORES FOR HUNGER SECURITY; AND EXTERNAL PARTIES APPROACHING MERCY CORPS TEAM MEMBERS TO ASSIST IN REGISTERING INDIVIDUALS LED TO SUSPICION OF POSSIBLE SERIOUS AND WIDESPREAD SCHEMES INTENDED TO DEFRAUD THE PROGRAM. A PRELIMINARY ASSESSMENT WAS UNDERTAKEN AND CONFIRMED THE LIKELY EXISTENCE OF MULTIPLE SCHEMES DESIGNED TO INTRODUCE FALSE BENEFICIARIES WITH THE INTENTION OF DIVERTING AID AWAY FROM THOSE IN NEED AND TO MERCY CORPS TEAM MEMBERS, ENUMERATORS, VENDORS, AND VARIOUS COMMUNITY ACTORS. MERCY CORPS SUSPENDED ALL CASH TRANSFER ACTIVITIES OF THE PROGRAM UNTIL NEW AND ENHANCED CONTROLS COULD BE PUT INTO PLACE. MERCY CORPS NOTIFIED DONORS TO THE IMPACTED PROGRAM. MERCY CORPS ALSO NOTIFIED LOCAL LAW ENFORCEMENT. FINALLY, MERCY CORPS NOTIFIED THE LARGER AID COMMUNITY OF THE POSSIBILITY OF CASH DIVERSION SCHEMES AT WORK. MERCY CORPS CONDUCTED AN EXTENSIVE INVESTIGATION LED BY TWO CERTIFIED FRAUD EXAMINERS. THE INVESTIGATION INCLUDED A THOROUGH REVIEW OF PROCESSES AND CONTROLS; BENEFICIARY REGISTRATION, VERIFICATION, AND DISTRIBUTION DOCUMENTS AND A BROAD NUMBER OF STAFF AND COMMUNITY MEMBER INTERVIEWS. USING THESE APPROACHES, MERCY CORPS DETERMINED THE NUMBER OF AFFECTED INTERVENTIONS AND THE EXTENT TO WHICH THEY WERE AFFECTED (NUMBER OF FALSE OR INELIGIBLE BENEFICIARIES). MERCY CORPS SHARED ITS INVESTIGATION REPORT WITH THE IMPACTED DONORS. MERCY CORPS TERMINATED 18 TEAM MEMBERS FOR EITHER INVOLVEMENT IN THE SCHEMES OR FAILURE TO REPORT KNOWLEDGE AND PROPERLY FULFILL THEIR DUTIES FOR THIS PROGRAM. MERCY CORPS CALCULATED THE TOTAL POTENTIAL LOSS, INCLUDING AMOUNTS THAT WERE DISTRIBUTED TO INELIGIBLE PERSONS OR THAT WERE STOLEN AND THE ASSOCIATED COSTS OF DELIVERING THESE PROGRAMS TO BE US \$639K. MERCY CORPS PRESENTED ITS FINDINGS TO THE BROADER HUMANITARIAN COMMUNITY AND CONTINUES WITH EFFORTS TO HELP OTHER ORGANIZATIONS IDENTIFY AND PREVENT SIMILAR SCHEMES. MERCY CORPS ALSO CONTINUES TO INVEST IN ITS GLOBAL SYSTEMS AND CONTROLS TO ATTEMPT TO KEEP PACE WITH CONSTANTLY EVOLVING SCHEMES SUCH AS THE ONES PRESENT IN THIS ONE PROGRAM.</p>
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	MERCY CORPS IS A MEMBER ORGANIZATION WITH MERCY CORPS EUROPE TO OPERATE AS A SINGLE AGENCY AS MUCH AS POSSIBLE, CONSISTENT WITH THEIR GOVERNING LAWS AND MAJOR DONOR REQUIREMENTS.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	AS A MEMBER ORGANIZATION, NEW DIRECTORS WILL BE VOTED IN BY CURRENT MEMBER OF THE JOINT GOVERNING BOARD DURING AN ANNUAL MEMBER MEETING.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	UNDER THE GOVERNANCE AGREEMENT THE MEMBERS HAVE A SUPER MAJORITY VOTE REQUIREMENT FOR REMOVAL OF A DIRECTOR, MERGER OR ACQUISITION, OR DISSOLUTION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE PROCESS FOR APPROVING THE FORM 990 IS AS FOLLOW: THE CHIEF FINANCIAL OFFICER (CFO) WILL REVIEW THE FORM 990 TO BE PRESENTED TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE WILL VOTE ON A RESOLUTION APPROVING OR DISAPPROVING THE FORM 990. AFTER THE AUDIT COMMITTEE APPROVES THE 990, THE 990 IS EMAILED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE APPROVED FORM 990 WILL BE SIGNED BY THE CFO AND SUBMITTED TO THE IRS. AT THE REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING FOLLOWING THE SUBMISSION, THE AUDIT COMMITTEE, THE CEO OR THE CFO PRESENTS THE HIGHLIGHTS OF THE 990 TO THE BOARD AND THE BOARD VOTES ON A RESOLUTION RATIFYING THE AUDIT COMMITTEE'S APPROVAL OF THE 990. IF ISSUES ARE IDENTIFIED AT ANY POINT, THE 990 IS SENT BACK TO THE PREVIOUS STEP TO ENSURE THE ISSUES ARE RESOLVED AND APPROPRIATE CHANGES ARE MADE. FOR EXAMPLE, IF THE AUDIT COMMITTEE FINDS AN UNRESOLVED ISSUE DURING ITS REVIEW, THE AUDIT COMMITTEE WILL REQUEST THAT THE CFO RESOLVE THE ISSUE BEFORE THE AUDIT COMMITTEE WILL VOTE ON A RESOLUTION APPROVING THE 990.</p>

Return Reference - Identifier	Explanation					
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	MERCY CORPS DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE (COI) TO ALL OFFICERS, DIRECTORS, OR TRUSTEES, AND KEY EMPLOYEES OF MERCY CORPS ON AN ANNUAL BASIS AND REQUIRES SIGNATURES THAT THEY ABIDE BY THE TERM OF THE CONFLICT OF INTEREST POLICY. RETURNED COIS ARE REVIEWED BY THE LEGAL DEPARTMENT TO IDENTIFY ANY CONFLICTS OF INTEREST. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE CONTROLLER WILL BE NOTIFIED FOR REPORTING PURPOSES AND THE BOARD WILL VOTE ON THE CONFLICT OF INTEREST. DURING THE YEAR, THE BOARD MEMBER(S) WITH A CONFLICT WILL RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON THE CONFLICTED MATTERS.					
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	OFFICER COMPENSATION AT MERCY CORPS IS DETERMINED BASED ON HUMAN RESOURCE ASSESSMENT GATHERED FROM OBJECTIVE COMPARISON OF COMPENSATION PAID FOR SIMILAR POSITIONS BY OTHER NON-PROFITS OF SIMILAR SIZE COMPILED ON AN ANNUAL BASIS WHICH IS REVIEWED BY THE COMPENSATION COMMITTEE AND RECOMMENDED FOR BOARD APPROVAL IN JUNE OF 2019. THE BOARD REVIEWS THE ASSESSMENT TO DETERMINE REASONABLENESS WITHIN THE MARKET AND APPROVES THE COMPENSATION FOR THE CEO. THE BOARD, PER THE RECOMMENDATION OF THE COMPENSATION COMMITTEE, ALSO PROVIDES A RANGE TO THE CEO FOR OTHER OFFICER AND KEY EMPLOYEE COMPENSATION ON AN ANNUAL BASIS. COMPENSATION AT MERCY CORPS IS CONSIDERED MID-MARKET AND REASONABLE AND INCREASES TO OCCUR BASED ON MERIT, MARKET CONDITION AND PROMOTION.					
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	ALL POSITIONS REVIEWED ANNUALLY.					
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV					
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST, MERCY CORPS WILL PROVIDE A COPY OF ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS.					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 886 1304 913">(a) Description</th> <th data-bbox="1312 886 1513 913">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 919 1304 947">ELIMINATE REVALUATION OF SPLIT-ASSET AGREEMENTS IN REVENUE</td> <td data-bbox="1312 919 1513 947">- 31,530</td> </tr> </tbody> </table>		(a) Description	(b) Amount	ELIMINATE REVALUATION OF SPLIT-ASSET AGREEMENTS IN REVENUE	- 31,530
	(a) Description	(b) Amount				
ELIMINATE REVALUATION OF SPLIT-ASSET AGREEMENTS IN REVENUE	- 31,530					

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MERCY CORPS

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

91-1148123

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BA HOLDINGS LLC 1209 ORANGE STREET, WILMINGTON, DE 19801	HOLDING CO.	DE	0	0	1
(2) MERCY CORPS DEVELOPMENT HOLDINGS LLC (45-4481022) 1209 ORANGE STREET, WILMINGTON, DE 19801	HOLDING CO.	DE	(203,482)	1,270,170	1
(3) MERCY CORP LTD GTE 7TH FLOOR NIGERIA REINSURANCE BLDG, 784A HERBERT MACAULAY WY, ABUJA, NORTH CDB, NI	FIELD OFFICE REGISTRATION	NIGERIA	0	0	1
(4) MERCY CORPS CHINA HOLDINGS LLC (46-3342076) 1209 ORANGE STREET, WILMINGTON, DE 19801	HOLDING CO.	DE	0	21,821	1
(5) CIT SERVICES (82-2362222) 45 SW ANKENY ST, PORTLAND, OR 97204	HOLDING CO.	OR	(44,305)	18,132	1
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY CORPS CONDOMINIUMS UNIT OWNERS ASSOCIATION (27-1113758) 45 SW AKENY, PORTLAND, OR 97204	PROVIDE MANAGEMENT SERVICES - IRC 528	OR			MERCY CORPS	✓	
(2) ASIAN CREDIT FUND PF 410 SEIFULLIN STREET 3RD FLOOR, ALMATY, KZ	ECONOMIC DEVELOPMENT	KAZAKHSTAN			MERCY CORPS	✓	
(3) KOMPANION DEVELOPMENT TOGOLOK MOLDO 10, BISHKEK, KG	MICROFINANCE ACTIVITY	KYRGYZSTAN			MERCY CORPS	✓	
(4) MERCY CORPS EUROPE 40 SCIENNES, EDINBURGH, EH9 INJ, UK	HUMANITARIAN ASSISTANCE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			N/A		✓
(5)							
(6)							
(7)							

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

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

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

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

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

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

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

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

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

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

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

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

Part IV

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ASIAN CREDIT FUND MCO LLC 36 DZHANDOSOV STR, ALMATY, KZ	ECONOMIC DEVELOPMENT	KAZAKHSTAN	MERCY CORPS	C CORPORATION	45,521	8,615,011	50%	✓	
(2) KOMPANION FINANCIAL GROUP MICROFINANCE CLOSED JOINT COMPANY TOGOLOK MOLDO 10, BISHKEK, KG	MICROFINANCE ACTIVITY / BANK	KYRGYZSTAN	MERCY CORPS	C CORPORATION	18,461,197	81,391,658	65%	✓	
(3) MERCY CORPS INTERNATIONAL JORDAN QUEEN NOUR STREET, AMMAN, JO	ECONOMIC DEVELOPMENT	JORDAN	MERCY CORPS	C CORPORATION	0	1,827	100%	✓	
(4) MERCY CORPS INDIA SHOP NO 3 VASANT KUNJ, NEW DELHI, 1110070, IN	ECONOMIC DEVELOPMENT	INDIA	MERCY CORPS	C CORPORATION	558,207	306,925	100%	✓	
(5) KOMPANION INVEST TOGOLOK MOLDO 10, BISHKEK, KG	MICROFINANCE ACTIVITY	KYRGYZSTAN	MERCY CORPS	C CORPORATION	0	0	100%	✓	
(6) BEIJING MERCY CORPS LTD XIUSHUI STREET 7-2-73, CHAOYANG DISTRICT, BEIJING, CH	FUNDRAISING AND PROGRAM IMPLEMENTATION	CHINA	MERCY CORP CHINA HOLDINGS LLC	C CORPORATION	0	0	100%	✓	
(7) MC EGYPT LLC 2 AL MALAK AL AFDAL STREET ZEMALEK, CAIRO, EG	ECONOMIC DEVELOPMENT	EGYPT	MERCY CORPS	C CORPORATION	0	3,641	100%	✓	
(8) MC MOROCCO LLC 243 RUE ZOUHEIR BEN QAISS, RABAT, MO	ECONOMIC DEVELOPMENT	MOROCCO	MERCY CORPS	C CORPORATION	0	0	100%	✓	

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
-	