

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

# 2012

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2012 calendar year, or tax year beginning **07/01**, 2012, and ending **06/30**, 20**13**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **MERCY CORPS**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**45 SW ANKENY STREET**  
 City, town or post office, state, and ZIP code  
**PORTLAND, OR 97204**

**D** Employer identification number  
**91-1148123**

**E** Telephone number  
**503-896-5000**

**F** Name and address of principal officer: **Beth deHamel**  
**45 SW ANKENY STREET, PORTLAND, OR 97204**

**G** Gross receipts \$ **236,981,885**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates 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**

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

**L** Year of formation: **1981**

**M** State of legal domicile: **WA**

**H(c)** Group exemption number ▶

### Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>MERCY CORPS PRIMARY EXEMPT PURPOSE IS TO PROVIDE HUMANITARIAN RELIEF AND DEVELOPMENT SERVICES.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>434</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>117</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>231,572,182</b>	Current Year <b>235,483,191</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>429,601</b>	<b>320,906</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>575,388</b>	<b>257,621</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>382,498</b>	<b>205,425</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>232,959,669</b>	<b>236,267,143</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>70,787,180</b>	<b>69,513,590</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>73,293,228</b>	<b>73,307,541</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>339,147</b>	<b>347,325</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>11,707,447</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>96,215,219</b>	<b>97,761,161</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>240,634,774</b>	<b>240,929,617</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-7,675,105</b>	<b>-4,662,474</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>126,636,366</b>	End of Year <b>130,391,939</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>54,191,582</b>	<b>62,184,856</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>72,444,784</b>	<b>68,207,083</b>

### 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 \_\_\_\_\_

**Barnes Ellis, Corp Secretary & Gen Counsel**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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 to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**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 \$ 62,073,779 including grants of \$ 20,858,374 ) (Revenue \$ 0 )

PROVIDED HUMANITARIAN ASSISTANCE RELIEF IN THE FORM OF FOOD AND NON-FOOD EMERGENCY COMMODITIES AND HEALTH AND AGRICULTURAL SUPPLIES TO NEEDY INDIVIDUALS AND FAMILIES IN EASTERN EUROPE, AFRICA, CENTRAL ASIA, ASIA, MIDDLE EAST AND CENTRAL AMERICA.

**4b** (Code: \_\_\_\_\_) (Expenses \$ 53,683,045 including grants of \$ 13,029,020 ) (Revenue \$ 339,021 )

PROVIDED ASSISTANCE FOR LIVELIHOOD/ECONOMIC DEVELOPMENT IN THE FORMS OF MICROLENDING AND BUSINESS DEVELOPMENT PROGRAMS, AND AGRIBUSINESS IN EASTERN EUROPE, AFRICA, CENTRAL AND SOUTH ASIA, CENTRAL AMERICA AND THE CARIBBEAN.

**4c** (Code: \_\_\_\_\_) (Expenses \$ 44,058,682 including grants of \$ 15,097,016 ) (Revenue \$ 0 )

PROVIDED ASSISTANCE FOR CIVIL SOCIETY ACTIVITIES IN THE FORM OF DEVELOPMENT EDUCATION AND CIVIL SOCIETY INITIATIVES FOR INDIVIDUALS, FAMILIES, COMMUNITIES AND LOCAL ORGANIZATIONS IN EASTERN EUROPE, AFRICA, CENTRAL AND SOUTH ASIA, CENTRAL AMERICA AND THE MIDDLE EAST.

**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 2  
(Expenses \$ 41,982,669 including grants of \$ 20,529,180 ) (Revenue \$ 0 )

**4e** Total program service expenses **▶** 201,798,175

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		✓
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		✓
<b>27</b> 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> . . . . .		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	✓	
<b>c</b> 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> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	✓	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	✓	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
	<b>1a</b> 144		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	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"/>
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 434		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<input checked="" type="checkbox"/>	
	<b>2b</b>		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<input checked="" type="checkbox"/>
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
	<b>3b</b>		
<b>4a</b>	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)? . . . . .	<input checked="" type="checkbox"/>	
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ <u>See Schedule O, Statement 3</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<input checked="" type="checkbox"/>
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		<input checked="" type="checkbox"/>
	<b>5b</b>		
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
	<b>5c</b>		
<b>6a</b>	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? . . . . .		<input checked="" type="checkbox"/>
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		<input checked="" type="checkbox"/>
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<input checked="" type="checkbox"/>
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		<input checked="" type="checkbox"/>
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<input checked="" type="checkbox"/>
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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 to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► [See Schedule O, Statement 4](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► [Mercy Corps, ATTN DONNA ROCCO, \(503\)896-5000](#)

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

Check if Schedule O contains a response to any question 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			
Scott Brown	2									
Board Member	0	✓					0	0	0	
Gun Denhart	3									
Board Member	0	✓					0	0	0	
Jock Encombe	8									
Board Member	0	✓					0	0	0	
Mark Gordon	8									
Board Member	0	✓					0	0	0	
Allen Grossman	5									
Chair	0	✓		✓			0	0	0	
Lucy Helm	1									
Board Member	0	✓					0	0	0	
Ned Lamont	2									
Board Member	0	✓					0	0	0	
Gayle Lemmon	1									
Board Member	0	✓					0	0	0	
Rick Little	1									
Board Member	0	✓					0	0	0	
Mike Maerz	12									
Board Member	0	✓					0	0	0	
David Mahoney	3									
Board Member	0	✓					0	0	0	
Linda Mason	5									
Board Member	0	✓					0	0	0	
Robert D Newell	10									
Treasurer	0	✓		✓			0	0	0	
Hank Vigil	1									
Board Member	0	✓					0	0	0	

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

(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			
Melissa Waggener-Zorkin Board Member	4 0							0	0	0
Neal Keny-Guyer Chief Executive Officer	40 1	✓		✓				350,890	0	35,683
Beth deHamel Chief Financial Officer (as of 9/2012)	40 1			✓				45,195	0	5,177
Barnes Ellis Corp Secretary & Gen Counsel	40 1			✓				93,237	0	15,361
Jeremiah Centrella Assistant Corp. Secretary	40 1			✓				95,557	0	12,889
Josh Drake Assistant Corp. Secretary	40 0			✓				65,009	0	9,596
Steve Zimmerman VP Social Innovation; Former CFO (end 9/2012)	40 0			✓				183,662	0	17,706
Craig Redmond Senior Vice President - Programs	40 0				✓			174,599	0	31,163
Jeremy Barnicle Chief Development & Communications Officer	40 0				✓			155,284	0	30,281
Paul Hart SVP for Global Partnerships and Alliances	40 0				✓			149,953	0	24,708
Andrea Koppel-Pollack VP Global Engagement and Policy	40 0				✓			174,009	0	21,423
Sarah Mignon Mazique Executive Counselor	40 1				✓			150,036	0	24,701
Randolph Martin Director of Partnership Developmet-East Asia	40 0					✓		279,512	0	16,606
Stephen Mitchell Vice President-Financial Services	40 1					✓		222,573	0	31,678



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0					
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0					
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b> Government grants (contributions)	<b>1e</b> 178,106,251					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 57,376,940					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	11,813,673					
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶	235,483,191				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> <u>Program Activities</u>	900099	37,186	37,186	0	0	
	<b>b</b> <u>Loan interest and fees</u>	525990	283,720	283,720	0	0	
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .		0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .	▶	320,906					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶	161,817	0	0	161,817	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	<b>5</b> Royalties . . . . .	▶	0	0	0	0	
	<b>6a</b> Gross rents . . . . .	(i) Real	191,077				
		(ii) Personal	0				
		<b>b</b> Less: rental expenses	0	0			
		<b>c</b> Rental income or (loss)	191,077	0			
	<b>d</b> Net rental income or (loss) . . . . .	▶	191,077	47,626	0	143,451	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	716,424				
		(ii) Other	94,122				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	714,742	0			
		<b>c</b> Gain or (loss) . . . . .	1,682	94,122			
	<b>d</b> Net gain or (loss) . . . . .	▶	95,804	94,122	0	1,682	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	0				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . ▶					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . ▶							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	2,420					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory . . ▶		2,420	2,420	0	0	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> <u>Settlement and write off</u>	900099	353,517	353,517	0	0		
<b>b</b> <u>Currency exchange loss</u>	900099	-479,570	-479,570	0	0		
<b>c</b> <u>Microvest</u>	900099	13,548	0	0	13,548		
<b>d</b> All other revenue . . . . .		124,433	0	0	124,433		
<b>e Total.</b> Add lines 11a-11d . . . . .	▶	11,928					
<b>12 Total revenue.</b> See instructions. . . . .	▶	236,267,143	339,021	0	444,931		

**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 to any question 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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	69,513,590	69,513,590		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,031,651	0	1,800,195	231,456
<b>6</b> 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
<b>7</b> Other salaries and wages	48,226,925	33,628,054	11,147,281	3,451,590
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,429,494	852,662	443,505	133,327
<b>9</b> Other employee benefits	18,345,735	13,666,215	3,669,632	1,009,888
<b>10</b> Payroll taxes	3,273,736	1,952,712	1,015,686	305,338
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0	0	0	0
<b>b</b> Legal	256,923	212,316	44,022	585
<b>c</b> Accounting	389,708	154,629	235,079	0
<b>d</b> Lobbying	15,000	0	15,000	0
<b>e</b> Professional fundraising services. See Part IV, line 17	347,325			347,325
<b>f</b> Investment management fees	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,390,767	2,748,109	1,387,872	1,254,786
<b>12</b> Advertising and promotion	0	0	0	0
<b>13</b> Office expenses	9,118,514	5,213,934	1,345,319	2,559,261
<b>14</b> Information technology	0	0	0	0
<b>15</b> Royalties	0	0	0	0
<b>16</b> Occupancy	6,077,932	3,690,612	1,995,538	391,782
<b>17</b> Travel	13,316,347	9,543,932	3,365,653	406,762
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
<b>19</b> Conferences, conventions, and meetings	0	0	0	0
<b>20</b> Interest	24,213	466	20,660	3,087
<b>21</b> Payments to affiliates	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization	2,510,691	2,243,165	243,770	23,756
<b>23</b> Insurance	0	0	0	0
<b>24</b> 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.)				
<b>a</b> <u>Consumable supplies</u>	27,010,999	27,010,856	131	12
<b>b</b> <u>Construction</u>	11,839,366	11,839,366	0	0
<b>c</b> <u>Training, monitoring, and evaluation</u>	9,887,800	9,651,186	185,433	51,181
<b>d</b> <u>Other contractual services</u>	9,395,232	9,379,038	16,194	0
<b>e</b> All other expenses	2,527,669	497,333	493,025	1,537,311
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	240,929,617	201,798,175	27,423,995	11,707,447
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	22,158,969	<b>1</b>	19,292,131
	<b>2</b> Savings and temporary cash investments . . . . .	26,579,037	<b>2</b>	34,716,202
	<b>3</b> Pledges and grants receivable, net . . . . .	15,377,554	<b>3</b>	14,525,399
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	121,108	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	7,000,952	<b>8</b>	7,502,579
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,049,761	<b>9</b>	4,439,940
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	18,951,380		
	<b>b</b> Less: accumulated depreciation . . . . .	10,575,212	<b>10c</b>	8,376,168
	<b>11</b> Investments—publicly traded securities . . . . .	3,585,671	<b>11</b>	3,871,453
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	4,213,732	<b>12</b>	4,213,732
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	19,119,794	<b>13</b>	18,921,711
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	15,437,745	<b>15</b>	14,532,624
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	126,636,366	<b>16</b>	130,391,939	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	20,929,753	<b>17</b>	24,062,849
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	31,445,373	<b>19</b>	37,388,196
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	7,381	<b>21</b>	13,665
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,352,354	<b>23</b>	323,826
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	456,721	<b>25</b>	396,320
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	54,191,582	<b>26</b>	62,184,856
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	47,555,003	<b>27</b>	47,993,146
	<b>28</b> Temporarily restricted net assets . . . . .	24,889,781	<b>28</b>	20,213,937
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	72,444,784	<b>33</b>	68,207,083
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	126,636,366	<b>34</b>	130,391,939

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	236,267,143
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	240,929,617
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,662,474
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	72,444,784
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	424,773
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	68,207,083

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

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

**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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? . . . . .	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	194,201,561	237,872,770	266,415,064	231,572,182	235,483,191	1,165,544,768
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	194,201,561	237,872,770	266,415,064	231,572,182	235,483,191	1,165,544,768
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						1,165,544,768

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .	194,201,561	237,872,770	266,415,064	231,572,182	235,483,191	1,165,544,768
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	683,360	73,396	231,231	312,929	305,268	1,606,184
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	8,760	20,714	1,008	0	0	30,482
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	333,195	4,767,011	477,992	47,275	124,433	5,749,906
<b>11 Total support.</b> Add lines 7 through 10						1,172,931,340
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	5,875,598
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.37 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.94 %
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**Political Campaign and Lobbying Activities**

**2012**

**Open to Public Inspection**

**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.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$
- 3 Volunteer hours . . . . . ▶

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	430													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	29,889													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	30,319													
<b>d</b>	Other exempt purpose expenditures . . . . .	240,899,300													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	240,929,619													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	8,620	1,700	13,775	30,319	54,414
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	763	0	1,826	430	3,019

**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

**Part IV Supplemental Information**

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  **Yes**  **No**

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

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

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

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

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

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

**b** If "Yes" to 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.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	1,252,906		1,252,906
<b>b</b> Buildings	0	2,936,669	841,296	2,095,373
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	0	0	0
<b>e</b> Other	0	14,761,805	9,733,916	5,027,889
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,376,168

**Part VII Investments—Other Securities.** 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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>MicroFinance activity</b>	<b>18,404,362</b>	<b>Cost</b>
(2) <b>Other investments</b>	<b>517,349</b>	<b>Cost</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<b>18,921,711</b>	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>DUE TO AFFILIATES</b>	<b>14,532,624</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>14,532,624</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	<b>0</b>	
(2) <b>CHARITABLE GIFT ANNUITIES</b>	<b>396,320</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>396,320</b>	

**2.** FIN 48 (ASC 740) Footnote. 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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	<b>237,147,918</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	<b>424,773</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	<b>503,628</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>0</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>928,401</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>236,219,517</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>47,626</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>47,626</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	<b>236,267,143</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	<b>241,385,621</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	<b>503,628</b>
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	<b>0</b>
<b>c</b>	Other losses . . . . .	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>-47,624</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>456,004</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>240,929,617</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>0</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>0</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>0</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	<b>240,929,617</b>

**Part XIII Supplemental Information**

Complete this part to 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.

Schedule D, Part IV, Line 2b - 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 - Schedule D, Part X - FIN 48 Disclosure: Mercy Corps has 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. Mercy Corps applies Accounting Standards Codification (ASC) Topic 740, Accounting for Income Taxes (ASC 740), related to uncertainties in income taxes, which prescribes a comprehensive model for recognizing, measuring, presenting, and disclosing in the consolidated financial statements tax positions taken or expected to be taken on a tax return. The Organization believes it has not taken any significant uncertain tax positions, and accordingly, the adoption of the applicable Sections of ASC 740 do not have a significant impact on the Organization's consolidated financial statements.

Schedule D, Part XI, Line 4b - RECLASS OF RENT RECEIPT FROM SUBSIDIARY OUT OF EXPENSE 47,626

**Part XIII - Supplemental Information (Continued)**

Schedule D, Part XII, Line 2d - RECLASS OF RENT RECEIPT FROM SUBSIDIARY OUT OF EXPENSE 47,624

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

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" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) Sch F, Stmt 1					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	175	3128			214,671,359

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			Sch F, Stmt 2						
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									
<b>(5)</b>									
<b>(6)</b>									
<b>(7)</b>									
<b>(8)</b>									
<b>(9)</b>									
<b>(10)</b>									
<b>(11)</b>									
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 196

**3** Enter total number of other organizations or entities . . . . . ▶ 120

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) <a href="#">Sch F, Stmt 3</a>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* . . . . .  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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No



Accounts and Activities Outside the United States

		Offices	Employees	Total
<b>Region</b>	Central America and the Caribbean	12	256	13,355,419
<b>Activities</b>	Program Services			
<b>Services</b>	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.			
<b>Region</b>	East Asia and the Pacific	67	351	12,528,797
<b>Activities</b>	Program Services			
<b>Services</b>	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.			
<b>Region</b>	Europe (including Iceland and Greenland) 2		99	19,685,244
<b>Activities</b>	Program Services			
<b>Services</b>	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.			
<b>Region</b>	Middle East and North Africa	17	463	63,523,581
<b>Activities</b>	Program Services			
<b>Services</b>	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.			
<b>Region</b>	Russia and the newly independent States 13		198	2,696,636
<b>Activities</b>	Program Services			
<b>Services</b>	NURTURE ECONOMIC AND CIVIL SOCIETY DEVELOPMENT AT THE			

COMMUNITY LEVEL WHILE CHECKING  
AND/OR REVERSING A SLIDE  
TOWARD MORE AUTOCRATIC  
SYSTEMS OF BUSINESS AND  
GOVERNMENT.

<b>Region</b>	South America	2	16	3,714,168
<b>Activities</b>	Program Services			
<b>Services</b>	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.			
<b>Region</b>	South Asia	14	652	11,227,697
<b>Activities</b>	Program Services			
<b>Services</b>	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.			
<b>Region</b>	Sub-Saharan Africa	48	1093	69,057,106
<b>Activities</b>	Program Services			
<b>Services</b>	FACILITATE AND ENHANCE THE ECONOMIC AND SOCIAL REINTEGRATION OF DISPLACED AND RETURNEE POPULATIONS THROUGH (A) TEACHING BASIC LIVELIHOODS, (B) PROMOTING THE ADOPTION OF ALTERNATIVE LIVELIHOODS IN ZONES WHERE TRADITIONAL SYSTEMS ARE NO LONGER VIABLE, AND (C) PROMOTING INTER/INTRA-CLAN/ETHNIC CONFLICT MITIGATION, THE CONTINUING DEVELOPMENT OF A CIVIL SOCIETY, AND STATE BUILDING.			
<b>Region</b>	Central America and the Caribbean	0	0	222,090
<b>Activities</b>	Investments			
<b>Services</b>	Program related investment			
<b>Region</b>	East Asia and the Pacific	0	0	7,058,360
<b>Activities</b>	Investments			
<b>Services</b>	Program related investment			
<b>Region</b>	Middle East and North Africa	0	0	43,566
<b>Activities</b>	Investments			
<b>Services</b>	Program related investment			
<b>Region</b>	Russia and the newly independent States	0	0	11,346,002
<b>Activities</b>	Investments			
<b>Services</b>	Program related investment			

Schedule F, Part V, Statement 1

MERCY CORPS

Region	South Asia	0	0	212,693
Activities	Investments			
Services	Program related investment			
<b>Total:</b>		<b>175</b>	<b>3128</b>	<b>214,671,359</b>

## Grants To Organization Outside US

		Cash Grant	Non-Cash Assistance
<b>Region</b>	South America	171,028	
<b>Grant</b>	Reducing deforestation in the Brazilian Amazon through policy change at the Municipal Level		
<b>Cash Disbursement</b>	EFT		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	Middle East and North Africa	1,407,167	
<b>Grant</b>	RIGHT START, Aims to improve early childhood development		
<b>Cash Disbursement</b>	EFT		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	South Asia	29,876	
<b>Grant</b>	Access to safe Drinking water		
<b>Cash Disbursement</b>	EFT		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	Europe (including Iceland and Greenland)	38,954	
<b>Grant</b>	Arbeiter - Samariter -Bund (ASB) Sub grant to carry out selected programmatic activities. This will include, livelihood grants, vocational education and apprenticeships, legal support, harmonized returns packages, community events, and community special initiatives.		
<b>Cash Disbursement</b>	EFT		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	Sub-Saharan Africa	66,951	
<b>Grant</b>	Assist in the implementation of the WASH, Agricultural and Natural Resources		
<b>Cash Disbursement</b>	EFT		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	Sub-Saharan Africa	64,740	
<b>Grant</b>	Assistance in Strengthening High Impact Value Chains under the RAIN program		
<b>Cash Disbursement</b>	EFT		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	Middle East and North Africa	19,357	
<b>Grant</b>	Assistance to Iraqi IDPs, returnees and vulnerable host community members		
<b>Cash Disbursement</b>	EFT		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	Middle East and North Africa	29,529	
<b>Grant</b>	Assistance to Iraqi IDPs, returnees and vulnerable host community members		
<b>Cash Disbursement</b>	EFT		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Region</b>	Sub-Saharan Africa	18,811	
<b>Grant</b>	Assisting the Vulnerable conflict Affected in Darfur - Seed		

	Fairs/Vouchers	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	10,882
<b>Grant</b>	Assisting the Vulnerable Conflict-Affected in Darfur - Water, Sanitation and Hygiene promotion	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	3,155,702
<b>Grant</b>	BPCS program partner working in civil society, organizational development, advocacy, Marla projects	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	471,355
<b>Grant</b>	BPCS program sub grant for election monitoring and voter education	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Central America and the Caribbean	26,518
<b>Grant</b>	Capacity Building Training	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	24,302
<b>Grant</b>	Capacity building - (Api Perubahan)	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	52,602
<b>Grant</b>	Capacity building - ILFAD	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	100,226
<b>Grant</b>	Child Friendly Schools Plus (CFS+): Multi-Sector Program in Rural Sana'a Governorate Schools	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	858,972
<b>Grant</b>	Community based support to Vulnerable Urban Populations	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	4,571,078
<b>Grant</b>	Community infrastructure strengthened, Home Availability Improved, Improved food security and employment generated	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	15,308
<b>Grant</b>	Community mobilization of youth groups, training, active	

	engagement in civic issues and gender assessment, advocacy and leadership	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	31,419
<b>Grant</b>	Community mobilization of youth groups, training, active engagement in civic issues, outreach campaigns	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	6,495
<b>Grant</b>	Creation of non-majority local forums in Kamenica municipality that will advocate for the rights of the constituents	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	11,045
<b>Grant</b>	Creation of the women's center and strengthening of their capacities towards greater participation in the decision making processes	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	7,596
<b>Grant</b>	Cultural event in Pristina and Prizren	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Central America and the Caribbean	34,895
<b>Grant</b>	Developing sustainable food security solutions for coffee farmers in Nicaragua	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	32,677
<b>Grant</b>	Disaster Risk Mitigation	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	115,468
<b>Grant</b>	Disaster risk reduction	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	950,718
<b>Grant</b>	EARLY CHILDHOOD DEVELOPMENT AND COMMUNITY SUPPORT FOR PRE SCHOOL CHILDREN AND MOTHERS IN AND AROUND ACCESS RESTRICTED AREAS IN THE GAZA STRIP	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	2,280,492
<b>Grant</b>	Economic Development- post Tsunami	
<b>Cash Disbursement</b>	EFT	

## Non-Cash Assistance

## Valuation

<b>Region</b>	Sub-Saharan Africa	48,360
<b>Grant</b>	Economic recovery activities	
<b>Cash Disbursement</b>	EFT	

## Non-Cash Assistance

## Valuation

<b>Region</b>	Sub-Saharan Africa	97,673
<b>Grant</b>	Economic Recovery and Market Systems	
<b>Cash Disbursement</b>	EFT	

## Non-Cash Assistance

## Valuation

<b>Region</b>	Middle East and North Africa	3,314,233
<b>Grant</b>	Economic Recovery Strengthened In Gaza By Creation Of Income Generation And Business Development Opportunities and Humanitarian Assistant	
<b>Cash Disbursement</b>	EFT	

## Non-Cash Assistance

## Valuation

<b>Region</b>	Europe (including Iceland and Greenland)	5,432
<b>Grant</b>	Education of the local community representatives on decision making processes	
<b>Cash Disbursement</b>	EFT	

## Non-Cash Assistance

## Valuation

<b>Region</b>	Sub-Saharan Africa	26,300
<b>Grant</b>	Emergency & Livelihood	
<b>Cash Disbursement</b>	EFT	

## Non-Cash Assistance

## Valuation

<b>Region</b>	East Asia and the Pacific	486,000
<b>Grant</b>	Emergency Relief	
<b>Cash Disbursement</b>	EFT	

## Non-Cash Assistance

## Valuation

<b>Region</b>	South Asia	709,573
<b>Grant</b>	Emergency Relief	
<b>Cash Disbursement</b>	EFT	

## Non-Cash Assistance

## Valuation

<b>Region</b>	Sub-Saharan Africa	24,030
<b>Grant</b>	Engage in CFW Activities	
<b>Cash Disbursement</b>	Check	

## Non-Cash Assistance

## Valuation

<b>Region</b>	Europe (including Iceland and Greenland)	9,124
<b>Grant</b>	Establishing forums for community safety in 15 Kosovo Serbian returnee communities in Istok, Klina and Pec	
<b>Cash Disbursement</b>	EFT	

## Non-Cash Assistance

## Valuation

<b>Region</b>	Europe (including Iceland and Greenland)	8,461
<b>Grant</b>	Establishing of the counseling service for women with breast cancer	
<b>Cash Disbursement</b>	Check	

## Non-Cash Assistance

## Valuation

## Valuation

<b>Region</b>	Europe (including Iceland and Greenland)	5,199
<b>Grant</b>	Establishing school of football and engagement of youth in sports	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	12,171
<b>Grant</b>	Establishment of the Alternative Culture Center in Leposavic	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	11,712
<b>Grant</b>	Establishment of the Alternative Culture Center in Mitrovica	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	18,991
<b>Grant</b>	Extension of show dedicated to informing Kosovo non-majorities of the dialogue through discussion of practical issues	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	1,243,442
<b>Grant</b>	EYE TO THE FUTURE: BUILDING SKILLS AND ATTITUDES THAT PROMOTE ACADEMIC SUCCESS, RESILIENCE AND CONFLICT MITIGATION IN GAZA	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	18,877
<b>Grant</b>	Financial Education	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	2,425,575
<b>Grant</b>	FROM RELIEF TO RECOVERY: IMPROVING FOOD SECURITY FOR VULNERABLE FAMILIES IN GAZA	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	20,230
<b>Grant</b>	Fund to support micro credit institution (Chili Program)	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Central America and the Caribbean	33,409
<b>Grant</b>	GENDER	
<b>Cash Disbursement</b>	Check	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Central America and the Caribbean	210,723
<b>Grant</b>	HEALTH & NUTRITION SERVICES	
<b>Cash Disbursement</b>	Check	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	27,000

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MERCY CORPS

<b>Grant</b>	Health Education and Disaster Preparedness	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	51,069
<b>Grant</b>	Hygiene promotion in IDPs camps	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	32,290
<b>Grant</b>	Identifying Marla beneficiaries for Marla projects	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South America	109,679
<b>Grant</b>	improve land titling process in indigenous communities in the Altiplano region	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	708,306
<b>Grant</b>	Improvement of Agriservice and Market Development under RAIN program	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	39,702
<b>Grant</b>	Improving access to healthy, nutritious, affordable foods and access to economic opportunity	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Central America and the Caribbean	98,712
<b>Grant</b>	IMPROVING AGRICULTURAL PRODUCTION & INCOME GENERATION	
<b>Cash Disbursement</b>	Check	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South America	386,782
<b>Grant</b>	Integrated Emergency Assistance and Improved Local Capacity BPRM VII	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South America	194,711
<b>Grant</b>	Integrated Emergency Assistance to Colombian IDPs and Building Local Capacity - BPRM VI	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	1,413,309
<b>Grant</b>	Karamoja Growth, Health & Governance (GHG) Program implementation	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		

## Schedule F, Part V, Statement 2

MERCY CORPS

<b>Region</b>	South America	24,853
<b>Grant</b>	Land and Opportunity in Tolima	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Central America and the Caribbean	137,037
<b>Grant</b>	LAND CONFLICT RESOLUTION	
<b>Cash Disbursement</b>	Check	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	33,317
<b>Grant</b>	Legal assistance to GBV victims	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Russia and the newly independent States	8,526
<b>Grant</b>	Livelihood development in rural areas to limit urban migration	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	125,000
<b>Grant</b>	Livelihoods	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	116,326
<b>Grant</b>	Livelihoods & Health	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	53,000
<b>Grant</b>	Livelihoods sector development in the Upper Nile State	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Central America and the Caribbean	29,947
<b>Grant</b>	Local NGO Capacity Building	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	126,500
<b>Grant</b>	Local Partner Capacity Building and Population Study	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	32,032
<b>Grant</b>	micro projects	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	62,743
<b>Grant</b>	Monitoring and Evaluation services for the RAIN Program	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	27,264

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MERCY CORPS

<b>Grant</b>	Multi-Sector Program in Rural Sana'a Governorate Schools	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	60,022
<b>Grant</b>	One year support to hard-talk show with Kosovo politicians and opinion leaders in Serbian language	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	100,505
<b>Grant</b>	payment for Salaries, Fringe benefit, travel, supplies, contractual, and Other Expenses	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	17,980
<b>Grant</b>	Payment for salaries, travel, supplies/equipment, support cost and contractual	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	29,639
<b>Grant</b>	Pilot project - (Api Perubahan)	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	641,921
<b>Grant</b>	PRIME Sub grant to CARE for operational cost and contractual activities	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	45,510
<b>Grant</b>	PRIME Sub grant to PC for Staff salary and benefits, supplies and travel costs	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	38,142
<b>Grant</b>	Provide awareness campaigns and capacity building to community	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	8,358
<b>Grant</b>	Providing medical and social assistance to people with disabilities and support their integration in society	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	8,011
<b>Grant</b>	Provision of affordable and secure saving and credit services and expansion of financial services under RAIN program	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		

## Schedule F, Part V, Statement 2

MERCY CORPS

<b>Region</b>	South America	172,405
<b>Grant</b>	Provision of food	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Russia and the newly independent States	10,212
<b>Grant</b>	Provision of Training to MC Staff and Beneficiaries	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	92,909
<b>Grant</b>	Purchase of Medical Equipment for PWDs	
<b>Cash Disbursement</b>	Check	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	1,110,523
<b>Grant</b>	RAIN Sub grant to SCUK for operational cost and contractual activities	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	7,345
<b>Grant</b>	Record and broadcast three documentary shows with non-majority communities in Kosovo on the background of the conflict and possible solutions	
<b>Cash Disbursement</b>	Check	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South America	106,418
<b>Grant</b>	Resolution of Land and Natural Resources Conflicts in Colombia	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	81,211
<b>Grant</b>	Response program for floods in Jakarta	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	1,691,207
<b>Grant</b>	Revolving Loan Funds to give loans for benefit to implement water saving/efficiency projects & communal water projects	
<b>Cash Disbursement</b>	Check	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	97,249
<b>Grant</b>	School Construction	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	9,391
<b>Grant</b>	SIPED sub grant to Barkhadle for Adult education program	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	236,260
<b>Grant</b>	Strengthen the capacity of Iraqi women and youth focused civil	

	society actors in disputed areas.	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	2,348,708
<b>Grant</b>	Support agricultural sector, social behavior change and nutrition	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	154,370
<b>Grant</b>	Support the implementation of good governance	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	91,483
<b>Grant</b>	Support to CAIP civil society component through capacity building activities for CSO grantees and support running RCRC.	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	9,600
<b>Grant</b>	Supporting non-majority communities in Pristina with social and technical assistance	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	East Asia and the Pacific	287,149
<b>Grant</b>	Technical assistant - Infrastructure (Ragam Program)	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	7,839
<b>Grant</b>	Technical support to KPAN on Public Relations	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	131,077
<b>Grant</b>	To enhance the capacity of women & youth leadership of CSOs & civic education	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	305,510
<b>Grant</b>	To enhance the capacity of women & youth leadership of CSOs & civic education	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	926,746
<b>Grant</b>	To foster increased entrepreneurship, employment, and life skills for at-risk youth to leverage investment from public and private sector partners.	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	2,141,356

Schedule F, Part V, Statement 2

MERCY CORPS

<b>Grant</b>	To provide support in organizational capacity building for youth partner, youth leadership, life skills & economic development training and income generating activities.	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	1,760,453
<b>Grant</b>	To reduce TB burden in Pakistan	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Europe (including Iceland and Greenland)	9,914
<b>Grant</b>	Training for up to 30 people on advanced bookkeeping in line with Kosovo Regulations	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	50,995
<b>Grant</b>	Training for Youth	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	37,200
<b>Grant</b>	Training of Youth groups in social action	
<b>Cash Disbursement</b>	Check	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	424,259
<b>Grant</b>	Trainings, Workshops for Refugees	
<b>Cash Disbursement</b>	Check	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	25,520
<b>Grant</b>	WASH	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	19,524
<b>Grant</b>	Water & Sanitation activities	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	84,960
<b>Grant</b>	Water, Sanitation & Hygiene	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	55,322
<b>Grant</b>	Water, Sanitation & Protection	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	South Asia	8,000
<b>Grant</b>	Women's Literacy	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		

Valuation

<b>Region</b>	Europe (including Iceland and Greenland)	9,113
<b>Grant</b>	Youth education in area of journalism to support grater interest in the public engagement in decision making	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	2,015,721
<b>Grant</b>	Youth Education Initiatives	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Middle East and North Africa	2,433,252
<b>Grant</b>	Youth livelihood development and recovery in Gaza	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		
<b>Region</b>	Sub-Saharan Africa	98,214
<b>Grant</b>	Youth peace building activities	
<b>Cash Disbursement</b>	EFT	
<b>Non-Cash Assistance</b>		
<b>Valuation</b>		

**Grants To Individuals Located Outside US**

		Recipients	Cash Grant	Non-Cash Assistance
<b>Assistance</b>	Assistance for Agriculture Inputs	2231	142,858	
<b>Region</b>	South Asia			
<b>Cash Disbursement</b>	Cash			
<b>Non-Cash Assistance Valuation</b>				
<b>Assistance</b>	scholarships	3737	425,711	
<b>Region</b>	East Asia and the Pacific			
<b>Cash Disbursement</b>	Cash			
<b>Non-Cash Assistance Valuation</b>				
<b>Assistance</b>	Cash paid to IDPs for construction/repairs.	9847	299,782	
<b>Region</b>	Sub-Saharan Africa			
<b>Cash Disbursement</b>	Cash			
<b>Non-Cash Assistance Valuation</b>				
<b>Assistance</b>	Support for Livelihoods and livestock Activities(training fees for the community representatives, partners, trainer fee and refreshment cost and also pound construction)	330	3,460	
<b>Region</b>	Sub-Saharan Africa			
<b>Cash Disbursement</b>	Cash			
<b>Non-Cash Assistance Valuation</b>				
<b>Assistance</b>	Support for Livelihoods Activities (training fees for participants from the community, partners, trainer fee and refreshment)	110	1,742	
<b>Region</b>	Sub-Saharan Africa			
<b>Cash Disbursement</b>	Cash			
<b>Non-Cash Assistance Valuation</b>				
<b>Assistance</b>	Support for Livelihoods Activities (Loan for saving and credit associations and related per diem fee)	60	5,461	
<b>Region</b>	Sub-Saharan Africa			
<b>Cash Disbursement</b>	Cash			
<b>Non-Cash Assistance Valuation</b>				
<b>Assistance</b>	Support for Livelihoods Activities(Loan for saving and credit associations and training for the community members)	180	13,078	
<b>Region</b>	Sub-Saharan Africa			
<b>Cash Disbursement</b>	Cash			
<b>Non-Cash Assistance Valuation</b>				
<b>Assistance</b>	CFW - Playgrounds at Zaatri and King Abdulah Park	356	43,589	
<b>Region</b>	Middle East and North Africa			
<b>Cash Disbursement</b>	Cash			

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Cash for Work for water resources construction	624	25,799
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**Region**

Sub-Saharan Africa

**Cash Disbursement**

Cash

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Vouchers - unconditional for basic needs	32643	751,404
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**Region**

Sub-Saharan Africa

**Cash Disbursement**

check

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Vouchers for animal feed	42192	350,614
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**Region**

Sub-Saharan Africa

**Cash Disbursement**

check

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Cash Grant for Civil Society Organization	3	16,000
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**Region**

East Asia and the Pacific

**Cash Disbursement**

Cash

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Cash for work: Digging canals to protect farmers fields against rainwater & at the same time keep water for irrigation	2000	575,506
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**Region**

Sub-Saharan Africa

**Cash Disbursement**

Cash

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Cash for Work & Unconditional Cash Transfer: Digging canals to protect farmers' fields against rainwater & at the same time keep water for irrigation	11930	2,037,557
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**Region**

Sub-Saharan Africa

**Cash Disbursement**

Cash

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Cash For Work-for setting stones walls to protect fields soil against rain waters	500	306,160
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**Region**

Sub-Saharan Africa

**Cash Disbursement**

Cash

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Cash For Work: Digging canals to protect farmers' fields against rainwater & at the same time keep water for irrigation	4986	420,411
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**Region**

Sub-Saharan Africa

**Cash Disbursement**

Cash

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Electronic Voucher Assistance for basic needs	130	9,453
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**Region**

South Asia

**Cash Disbursement**

EFT

## Non-Cash Assistance

## Valuation

<b>Assistance</b>	Support of Livelihood Activities and WASH	63	4,026
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	check		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Cash for Work: Business Skills	130	26,675
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	check		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Cash for work activities: Construction	6894	893,100
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	check		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Input capital to small businesses	21	46,827
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Unconditional cash transfers	4660	131,331
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Cash for work for community infrastructure projects (including culverts, footpaths, learning spaces, access roads)	693	45,395
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Voucher for purchasing seeds	2802	15,931
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Cash for Work: Voucher Program	4	20,664
<b>Region</b>	East Asia and the Pacific		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	KIF Cash contribution to Otim Tractor purchase under Karamoja Growth, Health and Governance (GHG) program	1	18,560
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	CFW - rehabilitation and development of community	8208	2,939,539
<b>Region</b>	Middle East and North Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			

<b>Valuation</b>			
<b>Assistance</b>	Food vouchers	8964	2,561,524
<b>Region</b>	Middle East and North Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Providing assistive devices for children with disabilities	12	5,950
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Cash transfers in support of children with disabilities	444	26,900
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Providing assistive devices in support of children with disabilities	181	31,933
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Cash transfers in support of children with disabilities	264	12,790
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Provision building and repair materials in support of children with disabilities	51	4,859
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>	Cash		
<b>Non-Cash Assistance</b>			
<b>Valuation</b>			
<b>Assistance</b>	Material Aid	50564	1,400,529
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>			
<b>Non-Cash Assistance</b>	Food Commodities		
<b>Valuation</b>	USAID		
<b>Assistance</b>	Material Aid	15239	3,374,261
<b>Region</b>	Central America and the Caribbean		
<b>Cash Disbursement</b>			
<b>Non-Cash Assistance</b>	Food Commodities		
<b>Valuation</b>	USAID		
<b>Assistance</b>	Material Aid	39920	6,188,958
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>			
<b>Non-Cash Assistance</b>	Food Commodities		
<b>Valuation</b>	USAID		
<b>Assistance</b>	Material Aid	40893	28,167
<b>Region</b>	Russia and the newly independent States		
<b>Cash Disbursement</b>			
<b>Non-Cash Assistance</b>	Food Commodities		
<b>Valuation</b>	USAID		

**Schedule F, Part V, Statement 3**

**MERCY CORPS**

<b>Assistance</b>	Material Aid	22250	64,209
<b>Region</b>	Central America and the Caribbean		
<b>Cash Disbursement</b>			
<b>Non-Cash Assistance</b>	Per. Computers, Monitors		
<b>Valuation</b>	MARKET VALUE		
<hr/>			
<b>Assistance</b>	Material Aid	1000	11,950
<b>Region</b>	Sub-Saharan Africa		
<b>Cash Disbursement</b>			
<b>Non-Cash Assistance</b>	Solar Lanterns		
<b>Valuation</b>	MARKET VALUE		
<hr/>			

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> See Schedule G, Part IV, Statement 1						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				641,785	344,210	297,575

- 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.

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

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				( )	

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate 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 G, Part IV, Statement 1

MERCY CORPS

Form: Schedule G

91-1148123

Page: 1

Line Number: Part I Line 2b

Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
MDS COMMUNICATION CORPORATION 545 W JUANITA AVE MESA, AZ 85210	TELEFUNDRAISING	No	190,083	148,669	41,414
DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES, CA 90028	TELEFUNDRAISING	No	451,702	195,541	256,161
<b>Total:</b>			<b>641,785</b>	<b>344,210</b>	<b>297,575</b>

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

MERCY CORPS

Employer identification number

91-1148123

**Part I Questions Regarding Compensation**

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

**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 in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Neal Keny-Guyer, Chief Executive Officer	(i) 310,890	40,000	0	14,700	20,983	386,573	0
	(ii)	0	0	0	0	0	0	0
2	Craig Redmond, Senior Vice President - Programs	(i) 169,599	5,000	0	10,470	20,693	205,762	0
	(ii)	0	0	0	0	0	0	0
3	Jeremy Barnicle, Chief Development & Communications Officer	(i) 153,284	2,000	0	9,608	20,674	185,566	0
	(ii)	0	0	0	0	0	0	0
4	Paul Hart, SVP for Global Partnerships and Alliances	(i) 147,953	2,000	0	9,220	15,488	174,661	0
	(ii)	0	0	0	0	0	0	0
5	Randolph Martin, Director of Partnership Developmet-East Asia	(i) 142,750	0	136,762	8,540	8,066	296,118	0
	(ii)	0	0	0	0	0	0	0
6	Stephen Mitchell, Vice President -Financial Services	(i) 172,174	10,000	40,399	10,996	20,681	254,250	0
	(ii)	0	0	0	0	0	0	0
7	Steve Zimmerman, VP Social Innovation	(i) 183,662	0	0	10,548	7,158	201,368	0
	(ii)	0	0	0	0	0	0	0
8	Andrea Koppel-Pollack, VP Global Engagement and Policy	(i) 173,009	1,000	0	5,083	16,341	195,433	0
	(ii)	0	0	0	0	0	0	0
9	Stuart Willcuts, Cheif of Party-PCAP	(i) 133,931	0	38,061	8,008	2,235	182,235	0
	(ii)	0	0	0	0	0	0	0
10	Daniel O'Neill, Founder	(i) 170,950	0	0	10,200	20,637	201,787	0
	(ii)	0	0	0	0	0	0	0
11	David Brigham, Country Director	(i) 97,414	0	69,539	5,841	8,143	180,937	0
	(ii)	0	0	0	0	0	0	0
12	Sarah Mignon Mazique, Executive Counselor	(i) 142,036	8,000	0	9,155	15,546	174,737	0
	(ii)	0	0	0	0	0	0	0
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**Part III Supplemental Information**

Complete this part to 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.

Schedule J, Part I, Line 1a - EXECUTIVES MAY FLY FIRST CLASS ON INTERNATIONAL FLIGHTS WHEN BUSINESS CLASS IS NOT AVAILABLE:KENY-GUYER, N \$18,271, HART, P \$11,499, ZIMMERMAN, S \$2,442, REDMOND, C \$7,444; TAX INDEMNIFICATION/GROSS UP: MITCHELL, S \$11,729; HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - PER POLICY EXPATS LIVING OVERSEAS ARE PROVIDED HOUSING ALLOWANCE: MITCHELL, S \$28,670, BRIGHAM, D \$34,437, MARTIN, R \$107,798, WILLCUTS, S \$36,400.

Schedule J, Part I, Line 1b - 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 PAYMENT OF A BONUS WAS PROVIDED TO SEVERAL OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED 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.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **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. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open To Public Inspection**

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) 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)												
<b>Total</b> . . . . . ▶						\$						

**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)				



**Description of Business Transactions Involving Interested Persons**

		<b>Amount of transaction</b>
<b>Name</b>	SETH RUE	31,537
<b>Relationship with organization</b>	SON OF KEY EMPLOYEE, SARAH M. MAZIQUE	
<b>Description of transaction</b>	COMPENSATION	
<b>Sharing Of Revenues</b>	No	

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MERCY CORPS**

Employer identification number

**91-1148123**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	✓		29,625	Market Research
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	219	714,742	Value of Stock
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>Software</u> ) . . . . .	✓	3528	64,209	Market Research
26 Other ▶ ( <u>Emergency Items</u> ) . . . . .	✓	1000	11,950	Market Research
27 Other ▶ ( <u>Government Food</u> ) . . . . .	✓	24868	10,993,147	Selling Price
28 Other ▶ ( ) . . . . .				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not 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.** Complete this part to 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.

Schedule M, Part I, Line 32b - MONETIZATION OF COMMODITIES PROVIDED FROM USAID MUST FOLLOW THE REQUIREMENTS IN 22 CFR 211 AND THE MONETIZATION FIELD MANUAL. AN ANALYSIS OF THE MARKET MUST BE COMPLETE PRIOR TO MOVING FORWARD WITH THE MONETIZATION. DURING THIS ANALYSIS, THE SALES PLATFORM IS DETERMINED BASED ON THE MARKET AND TO ACHIEVE A FAIR PRICE. IT IS THE INTENTION TO HAVE THE MOST COMPETITIVE, OPEN SALES PROCESS AS POSSIBLE, BUT IF A MARKED WITH ONLY A FEW POTENTIAL BUYERS, A NEGOTIATED SALES MAY BE MORE APPROPRIATE. WHEN CONTRACTING WITH A THIRD PARTY TO CONDUCT THE MONETIZATION, THE AGREEMENT OUTLINES THE RESPONSIBILITIES OF THE EACH PARTY AND ESTABLISHES A MANAGEMENT OVERSIGHT OF THE MONETIZATION ACTIVITIES.

Schedule M, Part I, Line 33 - Schedule M, Part I, Line 5 - Schedule M, Part I, Line 9 - NON-CASH DONATED ITEMS LISTED IN SCHEDULE M, PART I LINE 9 COLUMN B ARE BASED ON NUMBER OF CONTRIBUTIONS RECEIVED. Schedule M, Part I, Lines 25-27 - NON-CASH DONATED ITEMS LISTED IN SCHEDULE M, PART I LINE 25-27 COLUMN B ARE BASED ON NUMBER OF CONTRIBUTED ITEMS RECEIVED.

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

Department of the 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.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

Form 990, Part III, Line 1 - MERCY CORPS IS A LEADING GLOBAL HUMANITARIAN AGENCY SAVING AND IMPROVING LIVES IN THE WORLD'S TOUGHEST PLACES. WITH A NETWORK OF 4,000 EXPERIENCED PROFESSIONALS IN MORE THAN 40 COUNTRIES, WE ARE NON-SECTARIAN AND PARTNER WITH LOCAL COMMUNITIES TO PUT BOLD IDEAS INTO ACTION TO HELP PEOPLE RECOVER, CONQUER HARDSHIP AND BUILD BETTER LIVES. OUR MISSION: ALLEVIATE SUFFERING, POVERTY AND OPPRESSION BY HELPING PEOPLE BUILD SECURE, PRODUCTIVE AND JUST COMMUNITIES.

Form 990, Part III, Line 4a - HIGHLIGHT FOR HUMANITARIAN ASSISTANCE AND RELIEF: SYRIA: AMONG THE REFUGEES FLEEING VIOLENCE IN SYRIA WERE TENS OF THOUSANDS OF CHILDREN. IN THE JORDAN CAMPS WHERE THEY TOOK SHELTER, WE BUILT SAFE PLACES FOR KIDS TO PLAY. WE DELIVERED BOOKS AND SCHOOL SUPPLIES SO THEY COULD CONTINUE THEIR EDUCATION. WE PROVIDED WATER TO 400,000 REFUGEES AND THEIR HOST FAMILIES. WE ALSO BROUGHT OUR PSYCHO-SOCIAL PROGRAM, DEVELOPED BY EXPERTS, TO HELP YOUNG SYRIAN REFUGEES IN LEBANON HEAL FROM THE TRAUMA. WE USED ART, SPORTS AND GAMES TO PROVIDE EMOTIONAL SUPPORT WHILE TEACHING COOPERATION, SELF-EXPRESSION, EMPATHY AND LEADERSHIP TO YOUNG PEOPLE AND THEIR FAMILIES. D.R. CONGO: SOON AFTER REBELS CAPTURED EASTERN CONGO'S LARGEST CITY, GOMA, BANKS AND STORES SHUT DOWN. THE RESULT: FOOD SHORTAGES. WE DISTRIBUTED EMERGENCY RATIONS OF FLOUR, OIL AND FORTIFIED GRAINS TO 11,000 URBAN FAMILIES THAT WERE DISPLACED BY THE FIGHTING. OUR TEAM ALSO REROUTED FOOD TO CAMPS ON THE OUTSKIRTS OF THE CITY, WHERE FAMILIES FLEEING THE CONFLICT TOOK SHELTER. WE PROVIDED TEMPORARY SHELTER FOR 3,000 ORPHANS. AND, WE HELPED MEET URGENT NEEDS FOR CLEAN WATER AND SANITATION FACILITIES IN CAMPS WHERE THE RISK OF CHOLERA IS HIGH.

Form 990, Part III, Line 4b - HIGHLIGHT FOR LIVELIHOOD AND ECONOMIC DEVELOPMENT: HAITI: HURRICANE SANDY DAMAGED AND DESTROYED 20,000 HOMES - HAITI'S LARGEST DISASTER SINCE THE MASSIVE 2010 EARTHQUAKE. MERCY CORPS AND OUR PARTNERS PROVIDED INSURANCE PAYOUTS TO HELP 12,000 WOMEN ENTREPRENEURS WHO LOST THEIR HOMES OR MERCHANDISE REBUILD THEIR LIVES AND LIVELIHOODS. INDONESIA: CHILD MALNUTRITION IS RAMPANT IN THE URBAN SLUMS OF INDONESIA, WHERE MOST FAMILIES DON'T HAVE KITCHENS AND THE ONLY OPTION IS POOR-QUALITY PREPARED FOOD. MERCY CORPS DESIGNED CHILD-FRIENDLY FOOD CARTS THAT SERVE HEALTHY MENUS AND THEN TRAINED ENTREPRENEURS TO START AND RUN THESE SUSTAINABLE SMALL BUSINESSES. ETHIOPIA: FARMERS WORK HARD TO BOOST THEIR CROP YIELDS FOR FOOD, INCOME AND SEED. BUT SOMETIMES THEIR EFFORTS ARE FUTILE BECAUSE SURPLUS GRAIN ROTS BEFORE IT CAN BE EATEN, SOLD OR PLANTED. MERCY CORPS WORKED WITH AREA BUSINESSES TO DEVELOP AND DISTRIBUTE A LOW-COST, LOCALLY MANUFACTURED GRAIN STORAGE BAG THAT PROTECTS THE HARVEST FROM MOLD AND VERMIN. PROFITS REMAIN IN THE COMMUNITY, AND GROWERS CAN NOW COUNT ON THEIR ENTIRE HARVEST BEING USABLE.

Form 990, Part III, Line 4c - HIGHLIGHT FOR CIVIL SOCIETY AND EDUCATION: AFGHANISTAN: GIRLS IN AFGHANISTAN FACE SOME OF THE MOST SEVERE REPRESSION ANYWHERE IN THE WORLD. THEY ARE DENIED EDUCATION, THE OPPORTUNITY TO SUPPORT THEMSELVES, EVEN THE FREEDOM TO LEAVE THEIR HOMES. BUT NOW, THOUSANDS ARE LEARNING JOB SKILLS FOR THE FIRST TIME. MORE THAN 2,000 YOUNG WOMEN HAVE LEARNED ENGLISH, COMPUTER SKILLS, TAILORING, EMBROIDERY AND CALLIGRAPHY AT A VOCATIONAL SCHOOL RUN BY MERCY CORPS. NOW THEY CAN EARN INCOME, HELP SUPPORT THEIR FAMILIES, MAKE A POSITIVE CONTRIBUTION TO THEIR COMMUNITIES AND PLAY A MORE ACTIVE ROLE IN DETERMINING THE COURSE OF THEIR OWN LIVES. THE PROGRAM IS NOW BEING EXPANDED TO SEVERAL OTHER PROVINCES, AND MERCY CORPS AIMS TO WORK WITH DONORS AND THE GOVERNMENT TO APPLY THIS SUCCESSFUL MODEL ACROSS THE COUNTRY. SOMALIA: OUR INITIAL EDUCATION PROGRAM AIMED TO STRENGTHEN THE SOMALI PRIMARY EDUCATION SECTOR AND WE REACHED NEARLY 40,000 STUDENTS (38% GIRLS) THROUGH ENROLLMENT SUPPORT AND CLASSROOM REHABILITATION. NOW WE ARE EXPANDING OUR IMPACT BY INCREASING ACCESS TO SECONDARY EDUCATION FOR 25,000 STUDENTS AND PROVIDING QUALITY TRAINING FOR 2,000 SECONDARY TEACHERS. WE ARE PLACING AN EMPHASIS ON IMPROVING THE ENROLLMENT AND RETENTION OF GIRLS IN SCHOOL BY ESTABLISHING A WOMEN'S COUNCIL FOR GIRL CHILD EDUCATION (WCGCE) AND GIRLS' EMPOWERMENT FORUMS, PROVIDING TRAINING AND EMPLOYMENT OF FEMALE TEACHERS, AND BUILDING GIRL FRIENDLY SPACES.

## Supplemental Information (Continued)

Form 990, Part III, Line 4d - HIGHLIGHT FOR HUMANITARIAN RELIEF AND RECOVERY AND HEALTH: SOUTH SUDAN: MERCY CORPS IS HELPING 1,000 OF THE MOST VULNERABLE HOUSEHOLDS BY PROVIDING VOUCHERS PEOPLE CAN USE TO PURCHASE ESSENTIAL FOOD STAPLES. WE'RE ALSO CREATING CASH-FOR-WORK OPPORTUNITIES THAT ALLOW PEOPLE TO EARN A FAIR DAILY WAGE THROUGH THEIR LABOR ON INFRASTRUCTURE PROJECTS, INCLUDING PUBLIC ROAD, WATER CATCHMENT AND MARKET IMPROVEMENTS. SOMALIA: OUR CASH-FOR-WORK PROJECTS TO CLEAR ROADS, REHABILITATE MARKETS AND IRRIGATION CANALS, INSTALL WATER SYSTEMS AND BUILD WATER POINTS EMPLOYED 9,100 PEOPLE, EARNING FAIR DAILY WAGES THAT BENEFIT 54,600 HOUSEHOLD MEMBERS. NIGER: COMMUNITY HEALTH AND LIVELIHOODS FOCUSES ON 132 COMMUNITIES, HOME TO 400,000 PEOPLE, THROUGHOUT FILINGUÉ, LOGA AND THE PERI-URBAN COMMUNITIES OF NIAMEY. OUR PROGRAM BUILDS THE CAPACITY OF COMMUNITY HEALTH TEAMS AND THE OPERATIONAL CAPACITY OF HEALTH DISTRICTS, LEADING TO IMPROVED MATERNAL HEALTH AND REDUCED MALNUTRITION IN CHILDREN UNDER FIVE. IN ITS FIRST TWO YEARS, TRAINED COMMUNITY HEALTH TEAMS SCREENED 100,000 CHILDREN FOR MALNUTRITION. CHILDREN SUSPECTED OF BEING MALNOURISHED ARE REFERRED TO LOCAL HEALTH CENTERS FOR TREATMENT AND THERAPEUTIC FEEDING. PAKISTAN: MERCY CORPS HAS A DECADE OF EXPERIENCE WORKING WITH THE GOVERNMENT, PRIVATE SECTOR AND LOCAL CIVIL SOCIETY TO CONTROL TUBERCULOSIS IN PAKISTAN. USING ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION, WE ARE REACHING THOUSANDS OF VULNERABLE WOMEN, MEN, BOYS AND GIRLS TO RAISE THEIR AWARENESS AND CREATE DEMAND FOR QUALITY TB SERVICES. WE ALSO ARE BUILDING THE CAPACITY OF PRIVATE HEALTHCARE PROVIDERS, HOSPITALS AND PRIVATE LABORATORIES TO DELIVER QUALITY CARE THROUGH DIRECTLY OBSERVED TREATMENT, SHORT COURSE (DOTS), THE HIGHLY EFFICIENT, COST-EFFECTIVE AND INTERNATIONALLY RECOMMENDED STRATEGY FOR TB CONTROL.

Form 990, Part VI, Section B, Line 11b - THE PROCESS FOR APPROVING THE FORM 990 IS AS FOLLOWS: THE CHIEF FINANCIAL OFFICE (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 MADE. FOR EXAMPLE, IF THE AUDIT COMMITTEE FINDS AN UNRESOLVED ISSUE DURING ITS REVIEW, THE AUDIT COMMITTEE WILL REQUEST THAT THE CFO RESOLVE THE ISSUE BEFORE THE AUDIT COMMITTEE WILL VOTE ON A RESOLUTION APPROVING THE 990.

Form 990, Part VI, Section B, Line 12c - MERCY CORPS DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE TO ALL OFFICERS, DIRECTORS OR TRUSTEE, AND KEY EMPLOYEES OF MERCY CORPS ON AN ANNUAL BASIS AND REQUIRES SIGNATURES THAT THEY HAVE ABIDED BY THE TERMS OF THE CONFLICT OF INTEREST POLICY. THE LEGAL DEPARTMENT WILL COLLECT AND REVIEW THE CONFLICT OF INTEREST QUESTIONNAIRE AS WELL AS IDENTIFY ANY CONFLICT OF INTEREST. IF THERE IS A CONFLICT DURING THE YEAR, THE BOARD MEMBERS WITH A CONFLICT WILL RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON THE CONFLICTED MATTERS.

Form 990, Part VI, Section B, Line 15 - OFFICER COMPENSATION AT MERCY CORPS IS DETERMINED BASED ON HUMAN RESOURCE ASSESSMENT GATHERED FROM MARKET DATA. THE COMPENSATION COMMITTEE ALSO REVIEWS THIS ASSESSMENT TO DETERMINE REASONABLENESS WITHIN THE MARKET AND APPROVES THE COMPENSATION FOR THE CEO. COMPENSATION AT MERCY CORPS IS CONSIDERED MID-MARKET AND REASONABLE AND INCREASES OCCUR BASED ON MERIT, MARKET CONDITION AND PROMOTION.

Form 990, Part VI, Section C, Line 19 - UPON REQUEST, MERCY CORPS WILL PROVIDE A COPY OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS.

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**Reasonable Cause Explanations**

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**Explanation**

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990 TO BE FILED PRIOR TO MAY 15 DEADLINE

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**Other Program Services Accomplishments**

<b>Activity Code</b>	<b>Description</b>	<b>Expense</b>	<b>Grants</b>	<b>Revenue</b>
	PROVIDED LIFE SUSTAINING AID FOR HUMANITARIAN ASSISTANCE RECOVERY AND HEALTH IN THE FORM OF FOOD COMMODITIES, SHELTER AND INFRASTRUCTURE, AND HEALTH AND EDUCATIONAL SERVICES TO NEEDY INDIVIDUALS AND FAMILIES IN EASTERN EUROPE, AFRICA, CENTRAL ASIA, ASIA, THE MIDDLE EAST AND CENTRAL AMERICA.	41,982,669	20,529,180	0
<b>Total:</b>		<b>41,982,669</b>	<b>20,529,180</b>	<b>0</b>

**Schedule O, Statement 3**

Form: 990

Page: 5

Line Number: Part V Line 4b

**MERCY CORPS**

**91-1148123**

**Name Of Foreign Country**

---

**Name**

---

Afghanistan  
Burma  
Sri Lanka  
Congo (Kinshasa)  
China  
Colombia  
Central African Republic  
Egypt  
Ethiopia  
Georgia  
Guatemala  
Haiti  
Hong Kong  
Indonesia  
Iraq  
Jordan  
Kenya  
Kyrgyzstan  
Korea, Democratic People's Republic of (North)  
Kuwait  
Kosovo  
Lebanon  
Liberia  
Libya  
Mongolia  
Mali  
Niger  
Nigeria  
Nepal  
S. Sudan  
Pakistan  
Somalia  
Sudan  
Syria  
Tajikistan  
Tunisia  
East Timor  
Turkey  
Uganda

**Schedule O, Statement 3**

Yemen (Aden)

Zimbabwe

**MERCY CORPS**

States Where Copy Of Return Is Filed

States

AK

AL

AR

AZ

CA

CO

CT

FL

GA

HI

IL

KS

KY

LA

MA

MD

ME

MI

MN

MO

MS

NC

ND

NH

NJ

NY

OH

OK

OR

PA

RI

SC

TN

UT

VA

WA

WI

WV

Schedule O, Statement 5

MERCY CORPS

Form: 990

91-1148123

Page: 8

Line Number: Part VII Section B

**Contractor Compensation**

<b>Name and address:</b>	<b>Description Of Services</b>	<b>Compensation</b>
Lautman Maska Neil & Comp 1730 Rhode Island Ave NW Washington, DC 20036	Direct Marketing Consulting	256,216
M R STRATEGIC SERVICES 1901 L STREET NW STE 800 WASHINGTON, DC 20036	COMMUNICATIONS CONSULTATANT	223,130
KPMG LLP DEPT 0771 PO BOX 120001 DALLAS, TX 75312	Audit Services	225,973
Donor Services Group LLC 6715 Sunset Blvd Los Angeles, CA 90028	Donor Solicitation Services	197,033
MDS COMMUNICATION 545 W JUANITA AVE MESA, AZ 85210	FUNDRAISING SERVICES	148,912
<b>Total:</b>		<b>1,051,264</b>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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) See Schedule R, Part VII, Statement 1					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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) See Schedule R, Part VII, Statement 2							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) <a href="#">Sch R, Stmt 3</a>												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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) <a href="#">See Schedule R, Part VII, Statement 4</a>									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> KOMPANION FINANCIAL GROUP MICROFINANCE, CLOSED JOINT STOCK COMPANY	f	278,044	CASH VALUE
<b>(2)</b> YAYASAN MICROFINANCE INNOVATION AND RESOURCE CENTER FOUNDATION	b	348,387	CASH VALUE
<b>(3)</b> YAYASAN MERCY CORPS INDONESIA	b	61,638	CASH VALUE
<b>(4)</b> MERCY CORPS FOUNDATION	s	2,044,323	CASH VALUE
<b>(5)</b> MERCY CORPS CONDOMINIUMS UNIT OWNERS ASSOCIATION	p	344,151	CASH VALUE
<b>(6)</b> MC HDQ Building LLC	s	200,000	CASH VALUE

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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) .....													



Description of Identification of Disregarded Entities

		Total income	End-of-year assets
<b>Name and EIN</b>	Mercy Corps Headquarter Master Tenant Manager LLC (26-1939917)	0	0
<b>Address</b>	45 SW Ankeny Street Portland, OR 97204		
<b>Primary activities</b>	Manager for Headquarter Building		
<b>State or foreign country</b>	OR		
<b>Direct controlling entity</b>	MERCY CORPS		
<b>Name and EIN</b>	BA HOLDINGS LLC	0	0
<b>Address</b>	1209 ORANGE STREET WILMINGTON, DE 19801		
<b>Primary activities</b>	HOLDING COMPANY		
<b>State or foreign country</b>	DE		
<b>Direct controlling entity</b>	MERCY CORPS		
<b>Name and EIN</b>	MERCY CORPS DEVELOPMENT HOLDINGS LLC	0	0
<b>Address</b>	1209 ORANGE STREET WILMINGTON, DE 19801		
<b>Primary activities</b>	HOLDING COMPANY		
<b>State or foreign country</b>	DE		
<b>Direct controlling entity</b>	MERCY CORPS		
<b>Name and EIN</b>	MERCY CORPS LTD GTE	0	0
<b>Address</b>	7TH FLOOR NIGERIA REINSURANCE BLDG 784A HERBERT MACAULAY WY NORTH CDB ABUJA, , Nigeria		
<b>Primary activities</b>	FIELD OFFICE LTD GUARANTEE		
<b>State or foreign country</b>	Nigeria		
<b>Direct controlling entity</b>	MERCY CORPS		

## Description of Identification of Related Tax-Exempt Organizations

<b>Name and EIN</b>	MERCY ENTERPRISE CORPORATION (93-1315010)
<b>Address</b>	43 SW NAITO PORTLAND, OR 97204
<b>Primary activities</b>	ECONOMIC DEVELOPMENT
<b>State or foreign country</b>	OR
<b>Exempt code section</b>	501 (C)(3)
<b>Public charity status</b>	170(B)(1)(A)(VI)
<b>Direct controlling entity</b>	MERCY CORPS
<b>512(b)(13) controlled organization?</b>	No
<b>Name and EIN</b>	MERCY CORPS CONDOMINIUMS UNIT OWNERS ASSOCIATION (27-1113758)
<b>Address</b>	45 SW ANKENY PORTLAND, OR 97204
<b>Primary activities</b>	PROVIDE MANAGEMENT SERVICES OF THE HEADQUARTER BUILDING
<b>State or foreign country</b>	OR
<b>Exempt code section</b>	IRC 528
<b>Public charity status</b>	NA
<b>Direct controlling entity</b>	MERCY CORPS
<b>512(b)(13) controlled organization?</b>	Yes
<b>Name and EIN</b>	MERCY CORPS FOUNDATION (91-1352257)
<b>Address</b>	45 SW ANKENY PORTLAND, OR 97204
<b>Primary activities</b>	Operate exclusively for the benefit of Mercy Corps to carry out its purpose.
<b>State or foreign country</b>	WA
<b>Exempt code section</b>	501(C)(3)
<b>Public charity status</b>	509(A)(3) Type I
<b>Direct controlling entity</b>	MERCY CORPS
<b>512(b)(13) controlled organization?</b>	Yes
<b>Name and EIN</b>	ASIAN CREDIT FUND PF
<b>Address</b>	410 SEIFULLIN STREET 3RD FLOOR ALMATY, , Kazakhstan
<b>Primary activities</b>	ECONOMIC DEVELOPMENT
<b>State or foreign country</b>	Kazakhstan
<b>Exempt code section</b>	FOREIGN NON PROFIT
<b>Public charity status</b>	
<b>Direct controlling entity</b>	MERCY CORPS
<b>512(b)(13) controlled organization?</b>	Yes
<b>Name and EIN</b>	KOMPANION DEVELOPMENT
<b>Address</b>	TOGOLOK MOLDO 10 BISHKEK, KYRGYZ REPUBLIC , Kyrgyzstan
<b>Primary activities</b>	MICROFINANCE ACTIVITY
<b>State or foreign country</b>	Kyrgyzstan
<b>Exempt code section</b>	FOREIGN NON PROFIT
<b>Public charity status</b>	
<b>Direct controlling entity</b>	MERCY CORPS
<b>512(b)(13) controlled organization?</b>	Yes
<b>Name and EIN</b>	MERCY CORPS SINGAPORE LTD
<b>Address</b>	15 BEACH ROAD NO 04-03 BEACH CENTRE, 189677, Singapore
<b>Primary activities</b>	ECONOMIC DEVELOPMENT
<b>State or foreign country</b>	Singapore
<b>Exempt code section</b>	FOREIGN NON PROFIT
<b>Public charity status</b>	
<b>Direct controlling entity</b>	MERCY CORPS

## 512(b)(13) controlled organization? Yes

**Name and EIN** MICRA PHILIPPINES FOUNDATION INC  
**Address** 6793 AYALA AVENUE  
 MAKTAI CITY, , Philippines  
**Primary activities** ECONOMIC DEVELOPMENT  
**State or foreign country** Philippines  
**Exempt code section** FOREIGN NON PROFIT  
**Public charity status**  
**Direct controlling entity** MERCY CORPS

## 512(b)(13) controlled organization? Yes

**Name and EIN** PATRA HUNCHUN  
**Address** 15 ZU CHUNCHENGWEI XINANJIE  
 HUNCHUN, , China  
**Primary activities** ECONOMIC DEVELOPMENT  
**State or foreign country** China  
**Exempt code section** FOREIGN NON PROFIT  
**Public charity status**  
**Direct controlling entity** MERCY CORPS

## 512(b)(13) controlled organization? Yes

**Name and EIN** PATRA TUMEN RIVER  
**Address** 1 HAO JIANKANG LU  
 YANJI, , China  
**Primary activities** ECONOMIC DEVELOPMENT  
**State or foreign country** China  
**Exempt code section** FOREIGN NON PROFIT  
**Public charity status**  
**Direct controlling entity** MERCY CORPS

## 512(b)(13) controlled organization? Yes

**Name and EIN** YAYASAN MICROFINANCE INNOVATION AND RESOURCE CENTER FOUNDATION  
**Address** HI KEMANG TIMUR RAYA NO 69E KEL BANKGKA KEC  
 MAMPANG PRAPATAN, , Indonesia  
**Primary activities** TECHNICAL SUPPORT TO MFIs  
**State or foreign country** Indonesia  
**Exempt code section** FOREIGN NON PROFIT  
**Public charity status**  
**Direct controlling entity** MERCY CORPS

## 512(b)(13) controlled organization? Yes

**Name and EIN** YAYASAN MERCY CORPS INDONESIA  
**Address** JALAN TAMAN MARGASATWA NO 3 RUKUN TETANGGA 001  
 SOUTH JAKARTA, , Indonesia  
**Primary activities** ECONOMIC DEVELOPMENT  
**State or foreign country** Indonesia  
**Exempt code section** FOREIGN NON PROFIT  
**Public charity status**  
**Direct controlling entity** MERCY CORPS

## 512(b)(13) controlled organization? Yes

Description of Identification of Related Organizations Taxable as a Partnership

		Share of total	Share of end-	Code V-UBI	Percentage
		income	of-year	amount	Ownership
			assets		
<b>Name and EIN</b>	MC HDQ Building LLC (26-1939880)	-84,555	4,037,912	0	55%
<b>Address</b>	45 SW Ankeny Street Portland, OR 97204				
<b>Primary activity</b>	BLD Financing				
<b>State or foreign country</b>	OR				
<b>Direct controlling entity</b>	MC HQ Mgnr Inc 26-1939806				
<b>Predominant income</b>	Excluded				
<b>Disproportionate allocations?</b>	Yes				
<b>General or managing partner?</b>	Yes				

## Description of Related Organizations Taxable as a Corporation or Trust

		Share of total	Share of end-	Percentage
		income	of-year	Controlled
			assets	ownership
				Org
<b>Name and EIN</b>	ASIAN CREDIT FUND MCO LLC	-193,393	8,320,151	100%Yes
<b>Address</b>	36 DZHANDOSOV STR ALMATY, , Kazakhstan			
<b>Primary activity</b>	ECONOMIC DEVELOPMENT			
<b>State or foreign country</b>	Kazakhstan			
<b>Direct controlling entity</b>	MERCY CORPS			
<b>Type of entity</b>	C			
<b>Name and EIN</b>	KOMPANION FINANCIAL GROUP MICROFINANCE CLOSED JOINT STOCK COMPANY	-1,486,416	86,289,956	100%Yes
<b>Address</b>	TOGOLOK MOLDO 10 BISHKEK, KYRGYZ REPUBLIC , Kyrgyzstan			
<b>Primary activity</b>	MICROFINANCE ACTIVITY			
<b>State or foreign country</b>	Kyrgyzstan			
<b>Direct controlling entity</b>	MERCY CORPS			
<b>Type of entity</b>	C			
<b>Name and EIN</b>	MC HDQ MANAGER INC (26-1939806)	-84,555	4,037,912	100%Yes
<b>Address</b>	45 SW ANKENY STREET PORTLAND, OR 97204			
<b>Primary activity</b>	BLD FINANCING			
<b>State or foreign country</b>	OR			
<b>Direct controlling entity</b>	MERCY CORPS			
<b>Type of entity</b>	C			
<b>Name and EIN</b>	TAHIDI YOUTH FUND TRUST	0	0	100%Yes
<b>Address</b>	PO BOX 10643 NAIROBI, , Kenya			
<b>Primary activity</b>	ECONOMIC DEVELOPMENT			
<b>State or foreign country</b>	Kenya			
<b>Direct controlling entity</b>	MERCY CORPS			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	MERCY CORPS INDIA	-37,262	18,583	100%Yes
<b>Address</b>	SHOP NO 3 VASANT KUNJ NEW DELHI, 1110070, India			
<b>Primary activity</b>	ECONOMIC DEVELOPMENT			
<b>State or foreign country</b>	India			
<b>Direct controlling entity</b>	MERCY CORPS			
<b>Type of entity</b>	C			
<b>Name and EIN</b>	MERCY CORPS INTERNATIONAL JORDAN	-614	27,418	100%Yes
<b>Address</b>	QUEEN NOUR STREET AMMAN, , Jordan			
<b>Primary activity</b>	ECONOMIC DEVELOPMENT			
<b>State or foreign country</b>	Jordan			
<b>Direct controlling entity</b>	MERCY CORPS			
<b>Type of entity</b>	C			
<b>Name and EIN</b>	MC EGYPT LLC	0	1,100	100%Yes
<b>Address</b>	2 AL MALAK AL AFDAL STREET ZEMALEK CAIRO, , Egypt			
<b>Primary activity</b>	ECONOMIC DEVELOPMENT			
<b>State or foreign country</b>	Egypt			
<b>Direct controlling entity</b>	MERCY CORPS			
<b>Type of entity</b>	C			

Schedule R, Part VII, Statement 4

MERCY CORPS

<b>Name and EIN</b>	TAHIDI YOUTH FUND LIMITED	0	0	100%Yes
<b>Address</b>	PO BOX 10643 NAIROBI, , Kenya			
<b>Primary activity</b>	ECONOMIC DEVELOPMENT			
<b>State or foreign country</b>	Kenya			
<b>Direct controlling entity</b>	MERCY CORPS			
<b>Type of entity</b>	C			
<b>Name and EIN</b>	KOMPANION INVEST	0	0	100%Yes
<b>Address</b>	TOGOLOK MOLDO 10 BISHKEK, , Kyrgyzstan			
<b>Primary activity</b>	MICRO-FINANCE ACTIVITY			
<b>State or foreign country</b>	Kyrgyzstan			
<b>Direct controlling entity</b>	MERCY CORPS			
<b>Type of entity</b>	C			