

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01, 2022, and ending 06/30, 20 23

B Check if applicable: C Name of organization MERCY CORPUS D Employer identification number 91-1148123 E Telephone number (503) 896-5000 F Name and address of principal officer: CHAD SNELGAR

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

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

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

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement, 2-7a Financial metrics, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer CHAD SNELGAR, CHIEF FINANCIAL OFFICER. Date.

Paid Preparer Use Only: Print/Type preparer's name DIANE KIRMACI, Preparer's signature DIANE KIRMACI, Date 01/24/2024, Firm's name CROWE LLP, Firm's address 575 MARKET STREET, SUITE 3300, SAN FRANCISCO, CA 94105-5829.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
OUR MISSION IS TO ALLEVIATE SUFFERING, POVERTY AND OPPRESSION BY HELPING PEOPLE BUILD SECURE,  
PRODUCTIVE AND JUST COMMUNITIES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 169,389,138 including grants of \$ 102,292,063 ) (Revenue \$ 892,126 )  
HUMANITARIAN ASSISTANCE -- RELIEF: IN THE WAKE OF NATURAL AND HUMAN-MADE DISASTERS, MERCY CORPS'  
FIRST PRIORITY IS TO MEET URGENT NEEDS, SUCH AS CASH, FOOD, CLEAN WATER, AND BASIC HYGIENE  
ITEMS. THIS YEAR MERCY CORPS WORKED ALONGSIDE LOCAL COMMUNITIES TO MEET THE URGENT NEEDS OF  
MILLIONS OF PEOPLE FACING EMERGENCIES AROUND THE WORLD, FROM PEOPLE TRAPPED IN AND FLEEING  
WAR-TORN UKRAINE TO REFUGEES FLEEING ETHIOPIA AND VENEZUELA TO COMMUNITIES DEVASTATED BY NATURAL  
DISASTERS SUCH AS THE 2021 EARTHQUAKE IN HAITI AND CLIMATE-DRIVEN WEATHER DISASTERS LIKE SEVERE  
DROUGHT IN THE HORN OF AFRICA.

**4b** (Code: ) (Expenses \$ 133,133,586 including grants of \$ 80,397,771 ) (Revenue \$ 701,178 )  
LIVELIHOOD AND ECONOMIC OPPORTUNITY: MERCY CORPS HELPS BUILD STRONG LOCAL ECONOMIES BY INVESTING  
IN THE JOBS AND MARKETS THAT SERVE AS THE BEST ENGINES OF LONG-TERM RECOVERY. ACROSS THE GLOBE,  
ESPECIALLY IN COUNTRIES AFFECTED BY THE CLIMATE CRISIS, CONFLICT AND THE DEVASTATING ECONOMIC  
IMPACT OF COVID-19, MERCY CORPS WORKS WITH INDIVIDUALS AND COMMUNITIES TO ACHIEVE FINANCIAL  
INCLUSION AND INDEPENDENCE. PARTICULARLY IN THE MIDDLE EAST AND AFRICA, WE CONNECT YOUNG PEOPLE  
TO THE RESOURCES THEY NEED TO BUILD DEMAND-DRIVEN SKILLS AND TO LAND AND KEEP JOBS. WE BLEND  
NON-FORMAL EDUCATION, VOCATIONAL AND SOFT SKILLS TRAINING, APPRENTICESHIPS, MENTORING AND ACCESS  
TO FINANCIAL AND TECHNOLOGICAL SERVICES, AS WELL AS ADDRESS THE SOCIAL AND CULTURAL NORMS WHICH  
OFTEN PREVENT YOUNG PEOPLE FROM ACCESSING WORK OPPORTUNITIES.

**4c** (Code: ) (Expenses \$ 61,147,778 including grants of \$ 36,926,408 ) (Revenue \$ 322,048 )  
CIVIL SOCIETY AND EDUCATION: MERCY CORPS FOSTERS GOOD GOVERNANCE AT EVERY LEVEL TO SUPPORT  
DEVELOPMENT IN COMMUNITIES GRAPPLING WITH COMPLEX PROBLEMS, SUCH AS CONFLICT AND CLIMATE CHANGE.  
WE ELEVATE LOCALLY-LED COLLECTIVE ACTION AMONG CIVIL SOCIETY, GOVERNMENT, COMMUNITY MEMBERS, AND  
FORMAL AND INFORMAL LEADERS. WE HELP PEOPLE ACCESS AND INFLUENCE PROCESSES AND DECISIONS WITHIN  
FORMAL AND INFORMAL GOVERNANCE INSTITUTIONS TO ADDRESS GRIEVANCES AND TO CONTRIBUTE TO  
MEANINGFUL CHANGE, SPECIFICALLY, WE FOCUS ON GROUPS AND ORGANIZATIONS LED BY OR SERVING WOMEN,  
YOUTH, OR OTHER SYSTEMICALLY MARGINALIZED POPULATIONS.

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 67,737,414 including grants of \$ 40,905,808 ) (Revenue \$ 356,754 )

**4e** Total program service expenses 431,407,916

**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 Rev. Proc. 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 donor-restricted endowments or in 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 other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 25a</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<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"/>	<input type="checkbox"/>

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<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>	642		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country <u>AF, UV, BM, CT, CO, (CONTINUED ON SCHEDULE O)</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<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?	<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?	<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?	<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?	<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?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<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.</b> Did a donor advised fund maintained by the 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 sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring 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>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<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>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<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 on Schedule O.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 14		
<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, 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>b</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>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</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 on 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>b</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>10b</b>			
<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>b</b>	Describe on 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>b</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>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>		<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>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on 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>b</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? . . . . .	<input checked="" type="checkbox"/>	
<b>16b</b>		<input checked="" type="checkbox"/>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
LISA NEVITT, 45 SW ANKENY ST, PORTLAND, OR 97204, (503) 896-5000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TJADA D'OYEN MCKENNA CHIEF EXECUTIVE OFFICER	40.0	✓		✓			489,710	0	48,902	
(2) ALEXA HOLMES GENERAL COUNSEL & CORPORATE SECRETARY	40.0			✓			293,963	0	15,312	
(3) NDUBISI ANYANWU COUNTRY DIRECTOR	40.0					✓	275,147	0	17,604	
(4) STEVE LINICK CHIEF ETHICS & COMPLIANCE OFFICER	40.0					✓	259,374	0	16,066	
(5) CRAIG ALAN REDMOND SENIOR VICE PRESIDENT - PROGRAMS	40.0					✓	226,206	0	37,364	
(6) ALLISON HUGGINS DEPUTY REGIONAL DIRECTOR	40.0					✓	221,744	0	39,512	
(7) SANJEEV SAHGAL CHIEF PEOPLE OFFICER	40.0					✓	251,667	0	4,376	
(8) MARGARITA ASWANI CHIEF OF PARTY RURAL RESILIENCE ACTIVITY	40.0					✓	239,410	0	16,319	
(9) MICHAEL RADCLIFFE COUNTRY DIRECTOR	40.0					✓	228,695	0	19,029	
(10) MARY STATA CHIEF DEVELOPMENT OFFICER	40.0					✓	199,343	0	42,158	
(11) SHANNON ALEXANDER INTERIM VICE PRESIDENT - PROGRAMS	40.0					✓	168,570	0	43,043	
(12) ANDREW MORGAN DEPUTY GENERAL COUNSEL & CORPORATE SECRETARY	40.0			✓			134,086	0	19,942	
(13) CHAD SNELGAR CHIEF FINANCIAL OFFICER & CORPORATE TREASURER (BEGAN 7/2022)	40.0			✓			133,156	0	0	
(14) JENNIFER SIME CHIEF OPERATING OFFICER (PARTIAL)	40.0			✓			107,380	0	9,529	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) NICOLE CRITES PROJECT MANAGER - OCEO & CORPORATE SECRETARY	40.0			✓			76,592	0	15,410	
(16) JENNIFER COOPERMAN INTERIM CHIEF FINANCIAL OFFICER & TREASURER (PARTIAL)	40.0			✓			80,667	0	2,901	
(17) RACHEL MARDOCK INTERIM CHIEF FINANCIAL OFFICER (PARTIAL)	40.0			✓			70,548	0	12,022	
(18) BECCA VAN DYCK BOARD MEMBER	5.0	✓					0	0	0	
(19) CECILY JOSEPH BOARD MEMBER	5.0	✓					0	0	0	
(20) EMMANUEL LIN BOARD MEMBER	3.0	✓					0	0	0	
(21) FARAH PANDITH BOARD MEMBER	1.0	✓					0	0	0	
(22) GISEL KORDESTANI BOARD MEMBER	10.0	✓					0	0	0	
(23) IMAN DHAKIL BOARD MEMBER	5.0	✓					0	0	0	
(24) JOHN MAKINSON BOARD MEMBER	10.0	✓					0	0	0	
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>							3,456,258	0	359,489	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							3,456,258	0	359,489	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 193

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
KONTERRA GROUP LLC, 700 12TH ST, NW, STE 700, WASHINGTON, DC 20005	MENTAL HEALTH SERVICES	346,571
KPMG, PO BOX 120001, DALLAS, TX 75312-0771	AUDIT SERVICES	322,300
DALBERG CONSULTING US LLC, 155 WEST 23RD ST., 6TH FLOOR, NEW YORK, NY 10011	CONSULTING SERVICES	291,883
CROWE LLP, P.O. BOX 71570, CHICAGO, IL 60694	TAX SERVICES	214,437
SLALOM LLC, P.O. BOX 101416, PASADENA, CA 91189-1416	PROJECT MANAGEMENT	190,189

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .					
	<b>1b</b>	Membership dues . . . . .					
	<b>1c</b>	Fundraising events . . . . .					
	<b>1d</b>	Related organizations . . . . .					
	<b>1e</b>	Government grants (contributions)	400,715,127				
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above	116,805,606				
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$ 4,669,951				
	<b>1h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	517,520,733				
	<b>Program Service Revenue</b>	<b>2a</b>	PROGRAM ACTIVITIES REVENUE Business Code 900099	2,249,187	2,249,187		
<b>b</b>		LOAN INTEREST AND FEES Business Code 525990	22,919	22,919			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . .	0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .	2,272,106				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	2,092,742			2,092,742	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>6b</b>	Less: rental expenses					
	<b>6c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,733,957	412,820		
			(ii) Other				
	<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	1,718,141	396,673			
	<b>7c</b>	Gain or (loss) . . . . .	15,816	16,147			
	<b>d</b>	Net gain or (loss) . . . . .	31,963			31,963	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
<b>8b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>9b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>10b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	OTHER REVENUE Business Code 900099	54,645		11,620	43,025	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .	0	0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	54,645				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .	521,972,189	2,272,106	11,620	2,167,730		

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	25,000	25,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	348,760	348,760		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	260,148,290	260,148,290		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,237,575	475,184	1,467,029	295,362
<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) . . . . .				
<b>7</b> Other salaries and wages . . . . .	114,879,236	75,206,294	34,212,695	5,460,247
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,806,400	397,068	2,076,074	333,258
<b>9</b> Other employee benefits . . . . .	42,487,702	27,632,070	12,804,790	2,050,842
<b>10</b> Payroll taxes . . . . .	4,486,227	1,135,352	2,874,916	475,959
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	1,002,506	374,717	623,239	4,550
<b>c</b> Accounting . . . . .	498,717	171,585	326,964	168
<b>d</b> Lobbying . . . . .	11,042	4,969		6,073
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	1,502,587			1,502,587
<b>f</b> Investment management fees . . . . .	17,115		17,115	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	19,727,937	11,583,973	7,651,920	492,044
<b>12</b> Advertising and promotion . . . . .	3,042,941	955,457	41,416	2,046,068
<b>13</b> Office expenses . . . . .	10,173,570	6,128,313	577,593	3,467,664
<b>14</b> Information technology . . . . .	5,922,014	2,722,458	2,826,435	373,121
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	9,440,668	7,496,026	1,786,690	157,952
<b>17</b> Travel . . . . .	21,056,519	16,869,064	3,817,069	370,386
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	220,605	17,649	165,453	37,503
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,716,878	1,744,504	808,705	163,669
<b>23</b> Insurance . . . . .	1,107,504	65,367	978,702	63,435
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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>OTHER CONTRACTS</u> . . . . .	15,046,590	14,803,997	234,877	7,716
<b>b</b> <u>BANK AND OTHER FEES</u> . . . . .	2,513,794	1,647,762	395,963	470,069
<b>c</b> <u>EQUIPMENT &amp; VEHICLES</u> . . . . .	260,055	260,055		
<b>d</b> <u>EMPLOYEE TRAINING</u> . . . . .	861,678	514,092	280,642	66,944
<b>e</b> All other expenses . . . . .	726,697	679,910	19,942	26,845
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	523,268,607	431,407,916	73,988,229	17,872,462
<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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	39,509,374	<b>1</b>	50,710,420
	<b>2</b> Savings and temporary cash investments . . . . .	52,021,046	<b>2</b>	79,731,887
	<b>3</b> Pledges and grants receivable, net . . . . .	44,200,042	<b>3</b>	54,544,780
	<b>4</b> Accounts receivable, net . . . . .	1,414,955	<b>4</b>	3,328,176
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	327,906	<b>7</b>	236,011
	<b>8</b> Inventories for sale or use . . . . .	451,319	<b>8</b>	31,576
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,956,752	<b>9</b>	6,236,283
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 60,659,660		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 36,025,716	25,849,692	<b>10c</b> 24,633,944
	<b>11</b> Investments—publicly traded securities . . . . .	24,258,719	<b>11</b>	11,144,830
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	17,259,744	<b>13</b>	16,356,305
	<b>14</b> Intangible assets . . . . .	523,709	<b>14</b>	1,361,070
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	14,197,906	<b>15</b>	34,792,812
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	226,971,164	<b>16</b>	283,108,094	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	50,970,167	<b>17</b>	73,244,805
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	54,570,098	<b>19</b>	77,549,984
	<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 . . . . .	14,963	<b>21</b>	15,466
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,478,542	<b>23</b>	5,265,348
	<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 . . . . .	858,510	<b>25</b>	10,820,180
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	111,892,280	<b>26</b>	166,895,783
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	90,920,746	<b>27</b>	94,984,219
	<b>28</b> Net assets with donor restrictions . . . . .	24,158,138	<b>28</b>	21,228,092
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
<b>32</b> Total net assets or fund balances . . . . .	115,078,884	<b>32</b>	116,212,311	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	226,971,164	<b>33</b>	283,108,094	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	521,972,189
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	523,268,607
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(1,296,418)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	115,078,884
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	974,514
<b>6</b>	Donated services and use of facilities	<b>6</b>	1,232,015
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	223,316
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	116,212,311

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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 on 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		<input checked="" type="checkbox"/>
<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	<input checked="" type="checkbox"/>	
<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 on Schedule O.	<input checked="" type="checkbox"/>	
<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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
<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 on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) KOFI TAHA ----- BOARD MEMBER	3.0 -----	✓						0	0	0
(26) KRISTIN MANNION ----- BOARD MEMBER	4.0 -----	✓						0	0	0
(27) LESLEY NDLOVU ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(28) LUCY HELM ----- BOARD CHAIR	10.0 -----	✓						0	0	0
(29) MELANIE THOMAS ARMSTRONG ----- BOARD MEMBER	5.0 -----	✓						0	0	0
(30) PAUL SONG ----- BOARD MEMBER	3.0 -----	✓						0	0	0
(31) VIJAYA GADDE ----- BOARD MEMBER	3.0 -----	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

<b>Name of the organization</b> MERCY CORPS	<b>Employer identification number</b> 91-1148123
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	309,347,661	321,739,813	352,864,149	420,534,934	517,520,733	1,922,007,290
<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 . . . . .	309,347,661	321,739,813	352,864,149	420,534,934	517,520,733	1,922,007,290
<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) . . . . .						71,069,038
<b>6 Public support.</b> Subtract line 5 from line 4						1,850,938,252

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	309,347,661	321,739,813	352,864,149	420,534,934	517,520,733	1,922,007,290
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	665,003	548,728	169,622	169,126	2,092,742	3,645,221
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	3,000	0	102,500	6,000	11,620	123,120
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	121,407	129,196	190,818	23,519	34,685	499,625
<b>11 Total support.</b> Add lines 7 through 10						1,926,275,256
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	9,844,846
<b>13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	96.09 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	94.50 %
<b>16a 33 1/3% support test—2022.</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—2021.</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—2022.</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 VI 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—2021.</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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 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 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2022.</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—2021.</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"/>		



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			



**Part VI**

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) OTHER	120,936	127,420	190,805	23,519	34,685	497,365
	(2) SALE OF INVENTORY	471	1,776	13	0	0	2,260
	Total	121,407	129,196	190,818	23,519	34,685	499,625

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization MERCY CORPS

Employer identification number 91-1148123

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [checked] 501(c)( 3 ) (enter number) organization
[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[ ] 527 political organization
Form 990-PF [ ] 501(c)(3) exempt private foundation
[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [checked] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

Name of organization

MERCY CORPS

Employer identification number

91-1148123

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 409,445,712	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 14,839,405	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 12,644,541	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 17,269,014	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>MERCY CORPS</b>	Employer identification number <b>91-1148123</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	3,081													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	7,961													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	11,042													
<b>d</b>	Other exempt purpose expenditures . . . . .	431,396,874													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	431,407,916													
<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 checked="" type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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	97,094	57,689	19,151	11,042	184,976
<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	76,901	51,801	19,151	3,081	150,934

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

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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."

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

Part IV Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections and financial gain reporting.

**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 make 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 program
- e**  Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<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, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<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** Term endowment \_\_\_\_\_%

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		2,534,266		2,534,266
<b>b</b> Buildings		29,561,591	10,271,454	19,290,137
<b>c</b> Leasehold improvements		1,757,943	1,073,922	684,021
<b>d</b> Equipment		7,363,433	6,843,237	520,196
<b>e</b> Other		19,442,427	17,837,103	1,605,324
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,633,944

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MICROFINANCE INVESTMENTS	8,209,194	COST
(2) OTHER INVESTMENTS	8,147,111	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .	16,356,305	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	21,919,311
(2) FINANCIAL INSTRUMENTS	222,842
(3) ROU ASSETS	12,650,659
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	34,792,812

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	806,712
(3) LEASE LIABILITY	10,013,468
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	10,820,180

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FASB 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) . . . . .		<b>5</b>

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</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>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) . . . . .		<b>5</b>

**Part XIII Supplemental Information.**

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

SEE STATEMENT

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**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	MERCY CORPS IS A CUSTODIAL AGENT OF DONATIONS RECEIVED BY MERCY CORPS ON BEHALF OF A TRUST CREATED FOR THE BENEFIT OF A WOMAN IN PAKISTAN. THE FUNDS RECEIVED ARE FOR HER USE AND RECORDED AS A LIABILITY ON MERCY CORPS BOOKS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE ORGANIZATION HAD BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING SECTIONS OF THE STATE OF WASHINGTON PROVISIONS AS A PUBLICLY SUPPORTED ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION.</p> <p>U.S. GAAP REQUIRES MERCY CORPS' MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY MERCY CORPS AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF MERCY CORPS HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS). MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN BY MERCY CORPS AND HAS CONCLUDED THAT AS OF JUNE 30, 2023, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. MERCY CORPS IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO IRS AUDITS FOR ANY TAX PERIOD.</p>

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	10	135	PROGRAM SERVICES	(SEE STATEMENT)	6,657,464
(2) EAST ASIA AND THE PACIFIC	10	294	PROGRAM SERVICES	(SEE STATEMENT)	7,832,483
(3) MIDDLE EAST AND NORTH AFRICA	42	1,124	PROGRAM SERVICES	(SEE STATEMENT)	55,568,673
(4) RUSSIA AND NEIGHBORING STATES	17	328	PROGRAM SERVICES	NURTURE ECONOMIC AND CIVIL SOCIETY DEVELOPMENT AT THE COMMUNITY LEVEL WHILE CHECKING AND/OR REVERSING A SLIDE TOWARD MORE AUTOCRATIC SYSTEM OF BUSINESS AND GOVERNMENT.	45,339,995
(5) SOUTH AMERICA	8	260	PROGRAM SERVICES	(SEE STATEMENT)	13,663,539
(6) SOUTH ASIA	10	585	PROGRAM SERVICES	(SEE STATEMENT)	9,480,736
(7) SUB-SAHARAN AFRICA	107	2,801	PROGRAM SERVICES	(SEE STATEMENT)	139,660,259
(8) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		392,388
(9) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		22,733
(10) RUSSIA AND NEIGHBORING STATES			INVESTMENTS		8,194,045
(11) SOUTH ASIA			INVESTMENTS		212,693
(12) SUB-SAHARAN AFRICA			INVESTMENTS		2,702,228
(13) CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		412,972
(14) EAST ASIA AND THE PACIFIC			GRANTMAKING		2,958,085
(15) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		9,060,664
(16) RUSSIA AND NEIGHBORING STATES			GRANTMAKING		51,147,436
(17) (SEE STATEMENT)					
<b>3a Subtotal</b>	<b>204</b>	<b>5,527</b>			<b>353,306,393</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>0</b>			<b>76,951,569</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>204</b>	<b>5,527</b>			<b>430,257,962</b>

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 172

**3** Enter total number of other organizations or entities . . . ▶ 144

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CASH TRANSFERS	CENTRAL AMERICA AND THE CARIBBEAN	9,295	1,464,960	CASH			
(2) CASH FOR WORK	CENTRAL AMERICA AND THE CARIBBEAN	791	43,931	CASH			
(3) CASH TRANSFERS	EAST ASIA AND THE PACIFIC	274,188	3,285,815	CASH			
(4) CASH TRANSFERS	MIDDLE EAST AND NORTH AFRICA	145,795	10,990,134	CASH			
(5) CASH FOR WORK	MIDDLE EAST AND NORTH AFRICA	358	420,038	CASH			
(6) CASH TRANSFERS	RUSSIA AND NEIGHBORING STATES	62,436	27,774,340	CASH			
(7) CASH TRANSFERS	SOUTH AMERICA	41,546	3,576,723	CASH			
(8) CASH TRANSFERS	SOUTH ASIA	28,825	790,992	CASH			
(9) CASH FOR WORK	SOUTH ASIA	1,441	73,957	CASH			
(10) CASH TRANSFERS	SUB-SAHARAN AFRICA	395,037	13,596,607	CASH			
(11) CASH FOR WORK	SUB-SAHARAN AFRICA	19,124	408,220	CASH			
(12) CASH VOUCHERS	SUB-SAHARAN AFRICA	288,556	12,466,710	CASH			
(13) CASH PROJECTS	SUB-SAHARAN AFRICA	270	47,993	CASH			
(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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part I****Activities per Region** (continued)

<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	<b>(c)</b> Number of employees, agents, and independent contractors in region	<b>(d)</b> Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	<b>(e)</b> If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
(17) SOUTH AMERICA			GRANTMAKING		17,568,123
(18) SOUTH ASIA			GRANTMAKING		7,486,895
(19) SUB-SAHARAN AFRICA			GRANTMAKING		51,896,551

**Part II**

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		CENTRAL AMERICA AND THE CARIBBEAN	IMPROVED FOOD SECURITY FOR PARTICIPATING COMMUNITIES THROUGH INTENSIFIED AND DIVERSIFIED CROP/GARDEN PRODUCTION ADAPTED TO SPECIFIC AGRO-ECOLOGICAL ZONES AND CLIMATE RISKS.	22,108	EFT/WIRE			
(2)		CENTRAL AMERICA AND THE CARIBBEAN	IMPROVING ACCESS TO DOMESTIC AND INTERNATIONAL MARKETS AND ACCESS TO BUSINESS SERVICES.	37,934	EFT/WIRE			
(3)		CENTRAL AMERICA AND THE CARIBBEAN	MOBILIZING ACTION FOR FOOD SECURITY AND RESILIENCE THROUGH HUMANITARIAN CASH AND FINANCIAL ECOSYSTEM SUPPORT.	38,823	EFT/WIRE			
(4)		CENTRAL AMERICA AND THE CARIBBEAN	MARKET ACCESS FOR SMALLHOLDER FARMERS IN GUATEMALA.	112,699	EFT/WIRE			
(5)		CENTRAL AMERICA AND THE CARIBBEAN	ESTABLISH NEW OR STRENGTHEN EXISTING COMMUNITY PLANNING MECHANISMS AROUND SECURITY AND DEVELOP AND IMPLEMENT VIOLENCE PREVENTION PLANS.	196,103	EFT/WIRE			
(6)		EAST ASIA AND THE PACIFIC	SUPPORTING VULNERABLE WOMEN FARMERS TO BOUNCE BACK FROM COVID-19.	9,322	EFT/WIRE			
(7)		EAST ASIA AND THE PACIFIC	IMPROVING FOOD SECURITY AND MEETING CRITICAL WASH & NFI NEEDS OF PEOPLE IN NEED.	14,399	EFT/WIRE			
(8)		EAST ASIA AND THE PACIFIC	STRENGTHENING MICRO AND SMALL ENTREPRENEUR S' RESILIENCE AGAINST COVID-19.	17,197	EFT/WIRE			
(9)		EAST ASIA AND THE PACIFIC	BUILD A SET OF INTEGRATED DIGITIZATION SOLUTIONS THAT DELIVER AID AND DEVELOPMENT ASSISTANCE	30,989	EFT/WIRE			



(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			FASTER, BETTER, AND TO MORE PEOPLE, AND TO EXTEND LEARNINGS AND TOOLS TO THE BROADER HUMANITARIAN COMMUNITY.					
(10)		EAST ASIA AND THE PACIFIC	IMPROVED WORKFORCE AND EMPLOYMENT READINESS THROUGH TECHNOLOGICAL DIGITAL LITERACY AND POST SALES SERVICES SKILLS.	60,098	EFT/WIRE			
(11)		EAST ASIA AND THE PACIFIC	EARTHQUAKE RESPONSE TO PROVIDE CLEAN WATER, COOKING UTENSILS, NUTRITIOUS FOODS, AND HEALTH AND HYGIENE PROMOTION TO PREVENT THE SPREAD OF WATER-BORNE DISEASES AND SUPPORT GOOD HEALTH.	63,616	EFT/WIRE			
(12)		EAST ASIA AND THE PACIFIC	PROVIDE BASIC WATER AND SANITARY NEEDS AND SUPPLIES.	67,278	EFT/WIRE			
(13)		EAST ASIA AND THE PACIFIC	FACILITATE AND DRIVE A DOMESTIC RECYCLING MARKET SYSTEM FOR PLASTIC WASTE.	80,000	EFT/WIRE			
(14)		EAST ASIA AND THE PACIFIC	IMPROVED WORKFORCE AND EMPLOYMENT READINESS THROUGH TECHNOLOGICAL DIGITAL LITERACY AND POST SALES SERVICES SKILLS.	82,922	EFT/WIRE			
(15)		EAST ASIA AND THE PACIFIC	WOMEN'S EMPOWERMENT IN COFFEE ORIGIN COMMUNITIES IN INDONESIA.	92,014	EFT/WIRE			
(16)		EAST ASIA AND THE PACIFIC	REACH AND UPSKILL INDONESIAN ENTREPRENEURS AND MID-CAREER PROFESSIONALS TO BE BETTER PREPARED FOR THE PRESENT AND FUTURE.	107,202	EFT/WIRE			
(17)		EAST ASIA AND THE PACIFIC	ENCOURAGE WOMEN-LED	156,916	EFT/WIRE			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SMALL BUSINESSES' ECONOMIC EMPOWERMENT THROUGH FINANCIAL INCLUSION.					
(18)		EAST ASIA AND THE PACIFIC	EMPOWERING WOMEN IN INDONESIA COFFEE ORIGIN COMMUNITIES.	180,862	EFT/WIRE			
(19)		EAST ASIA AND THE PACIFIC	WOMEN SMALL BUSINESSES ECONOMIC EMPOWERMENT INITIATIVE.	203,073	EFT/WIRE			
(20)		EAST ASIA AND THE PACIFIC	EMERGENCY ASSISTANCE TO DISPLACED POPULATIONS.	437,354	EFT/WIRE			
(21)		EAST ASIA AND THE PACIFIC	MANAGING RISKS THROUGH ECONOMIC DEVELOPMENT.	524,992	EFT/WIRE			
(22)		EAST ASIA AND THE PACIFIC	INVESTING IN HUMAN CAPITAL FOR DISASTER MANAGEMENT IN INDONESIA.	772,186	EFT/WIRE			
(23)		EUROPE (INCLUDING ICELAND AND GREENLAND)	MEET THE IMMEDIATE NEEDS OF VULNERABLE, CONFLICT-AFFECTED PEOPLE WHO RELOCATED TO POLAND AS A RESULT OF THE WAR IN UKRAINE.	1,210,561	EFT/WIRE			
(24)		MIDDLE EAST AND NORTH AFRICA	HOLISTIC WATER SANITATION AND HYGIENE (WASH) ASSISTANCE TO VULNERABLE AND DISPLACED INDIVIDUALS.	11,449	EFT/WIRE			
(25)		MIDDLE EAST AND NORTH AFRICA	LIVELIHOODS AND ENVIRONMENTAL ACTIONS FOR DEVELOPMENT.	13,756	EFT/WIRE			
(26)		MIDDLE EAST AND NORTH AFRICA	ENHANCING GAZAN FARMERS' ABILITY TO RECOVER LIVELIHOODS THROUGH CASH ASSISTANCE.	35,633	EFT/WIRE			
(27)		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING HUMANITARIAN AND ADAPTIVE MODALITIES IN SYRIA .	39,722	EFT/WIRE			
(28)		MIDDLE EAST AND NORTH AFRICA	PEACEBUILDING THROUGH AN INCLUSIVE SOCIAL ACTION MODEL.	50,605	EFT/WIRE			
(29)		MIDDLE EAST AND NORTH AFRICA	CONTRIBUTE TO LONG TERM PEACE THROUGH SUSTAINABLE GRASSROOTS ACTION PROMOTING	228,692	EFT/WIRE			

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			HUMAN RIGHTS FUNDAMENTAL FREEDOMS AND SOCIAL COHESION.					
(30)		MIDDLE EAST AND NORTH AFRICA	MEET THE HUMANITARIAN NEEDS AND ENHANCE THE ADAPTIVE CAPACITY OF PROTRACTED AND NEWLY DISPLACED HOUSEHOLDS AND HOST COMMUNITIES.	336,009	EFT/WIRE			
(31)		MIDDLE EAST AND NORTH AFRICA	INCLUSIVE WATER, SANITATION, AND HYGIENE ASSISTANCE FOR VULNERABLE AND DISPLACED POPULATIONS.	458,002	EFT/WIRE			
(32)		MIDDLE EAST AND NORTH AFRICA	PROMOTING THE VOICE AND LEADERSHIP OF WOMEN.	471,278	EFT/WIRE			
(33)		MIDDLE EAST AND NORTH AFRICA	HELP INDIVIDUALS ACHIEVE ECONOMIC RESILIENCE AND EXPERIENCE IMPROVED ACCESS TO FUNDAMENTAL LEGAL RIGHTS.	544,852	EFT/WIRE			
(34)		MIDDLE EAST AND NORTH AFRICA	SUPPORT THE DEVELOPMENT OF LOCAL SYRIAN ORGANIZATIONS AND STRENGTHEN THEIR ABILITY TO DELIVER QUALITY HUMANITARIAN ASSISTANCE.	658,394	EFT/WIRE			
(35)		MIDDLE EAST AND NORTH AFRICA	PROVIDE ACCESS TO INCLUSIVE AND QUALITY EDUCATION TO CHILDREN ENROLLED IN EARLY CHILDHOOD CARE AND DEVELOPMENT, PRIMARY (FORMAL AND NON-FORMAL SETTINGS), AND SECONDARY EDUCATION.	1,028,172	EFT/WIRE			
(36)		MIDDLE EAST AND NORTH AFRICA	INFORMAL LIVELIHOODS ADVANCEMENT ACTIVITY.	1,323,840	EFT/WIRE			
(37)		MIDDLE EAST AND NORTH AFRICA	INTEGRATED LIVELIHOODS AND LEGAL ASSISTANCE PATHWAYS IN IRAQ.	1,329,775	EFT/WIRE			
(38)		MIDDLE EAST AND NORTH AFRICA	TRANSFORM VULNERABLE YOUTH INTO	1,578,875	EFT/WIRE			

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			PRODUCTIVE, CONTRIBUTING CITIZENS WHO ARE CONNECTED TO THEIR COMMUNITIES.					
(39)		RUSSIA AND NEIGHBORING STATES	IMPROVE LITERACY OUTCOMES AND HEALTH AND NUTRITION PRACTICES OF SCHOOL AGED CHILDREN.	42,118	EFT/WIRE			
(40)		RUSSIA AND NEIGHBORING STATES	IMPROVE LITERACY, INCREASE STUDENT ATTENDANCE, AND IMPROVE THE HEALTH AND NUTRITION OF UZBEK PRESCHOOL CHILDREN.	60,265	EFT/WIRE			
(41)		RUSSIA AND NEIGHBORING STATES	PREVENT AND RESPOND TO GENDER-BASED VIOLENCE AND THE OVERLAP WITH VIOLENT EXTREMISM IN THEIR LOCAL COMMUNITIES, COUNTRIES, AND THE SOUTH CAUCASUS REGION.	284,137	EFT/WIRE			
(42)		RUSSIA AND NEIGHBORING STATES	SUPPORT REFUGEES AND IDPS FLEEING THE CONFLICT IN UKRAINE.	2,054,070	EFT/WIRE			
(43)		RUSSIA AND NEIGHBORING STATES	MEET EMERGENCY BASIC NEEDS AND PROVIDE PROTECTION ASSISTANCE TO IDPS AND CONFLICT-AFFECTED PEOPLE IN UKRAINE WITHOUT MEANS OF SUBSISTENCE.	46,876,415	EFT/WIRE			
(44)		SOUTH AMERICA	IMPROVE THE LIVING CONDITIONS OF COFFEE-GROWING FAMILIES AND TO PROMOTE GENDER EQUALITY AT THE FAMILY AND COMMUNITY LEVEL.	8,035	EFT/WIRE			
(45)		SOUTH AMERICA	EMPOWERING AND CONNECTING WOMEN COFFEE GROWERS TO BE ABLE TO SCALE THE COMMERCIALIZATION OF ROASTED COFFEE AND	25,944	EFT/WIRE			

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			DIVERSIFY COMMERCIALIZATION TO THE US AND ASIA.					
(46)		SOUTH AMERICA	ADVANCE THE FUTURE OF VENEZUELAN REFUGEES, MIGRANTS, AND ASYLUM SEEKERS AND COLOMBIANS THROUGH COLLABORATIVE PROGRAMMING.	26,604	EFT/WIRE			
(47)		SOUTH AMERICA	STRENGTHEN THE EMPLOYMENT ECOSYSTEM FOR REFUGEE AND MARGINALIZED YOUTH.	52,352	EFT/WIRE			
(48)		SOUTH AMERICA	ALTERNATIVE LIVELIHOODS TO GROWING COCA PROGRAM WILL INCREASE INCOME GENERATED FROM LEGAL, COMMERCIALY VIABLE ALTERNATIVES TO GROWING COCA BY INCREASING ACCESS TO KEY ASSETS.	168,416	EFT/WIRE			
(49)		SOUTH AMERICA	ADVANCING THE FUTURE OF VENEZUELAN REFUGEES IN COLOMBIA.	535,527	EFT/WIRE			
(50)		SOUTH AMERICA	IMPROVING THE LIVELIHOODS AND LIVING CONDITIONS OF RURAL FARMING FAMILIES BY ADDRESSING THE INTEGRAL NEEDS OF RURAL PEOPLE IN COCA-PRODUCING ZONES.	2,031,556	EFT/WIRE			
(51)		SOUTH ASIA	INCORPORATE TECHNOLOGY IN FINDING AND REPORTING MORE TUBERCULOSIS (TB) CASES, TB PATIENT FOLLOW-UP, AND TREATMENT ADHERENCE IN THE PRIVATE SECTOR THROUGH DIGITALIZATION.	152,416	EFT/WIRE			
(52)		SOUTH ASIA	SUPPORTING RESPONSE TO COVID-19 IN EDUCATION SECTOR.	206,722	EFT/WIRE			
(53)		SOUTH ASIA	HELP BUILD THE CAPACITY OF LOCAL GOVERNMENT	262,347	EFT/WIRE			

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			AND SCHOOLS TO PROCURE FOODS INDEPENDENTLY AND SUSTAINABLY, AND ENSURE THE MENU IS PROPERLY DIVERSIFIED FOR IMPROVED NUTRITION.					
(54)		SOUTH ASIA	BUILD THE CAPACITY OF LOCAL GOVERNMENTS AND SCHOOLS TO PROCURE FOODS AND ENSURE THE PROVISION OF DIVERSIFIED AND NUTRITIOUS MEALS IN AN APPROPRIATE AND SUSTAINABLE MANNER.	454,137	EFT/WIRE			
(55)		SOUTH ASIA	EMERGENCY FOOD NEEDS OF VULNERABLE AND SOCIALLY EXCLUDED HOUSEHOLDS IN THE KARNALI RIVER BASIN ARE MET WHILE SIMULTANEOUSLY BUILDING FOOD SECURITY AND RESILIENCE FOR THE FUTURE.	1,791,117	EFT/WIRE			
(56)		SOUTH ASIA	CONTRIBUTING TOWARDS TUBERCULOSIS (TB) CONTROL IN THE COUNTRY, EXPANSION IN EXISTING TB CONTROL INTERVENTIONS AND GEOGRAPHICAL AREA, INTRODUCTION OF NEW INTERVENTIONS TO FIND MISSING TB CASES.	4,095,165	EFT/WIRE			
(57)		SUB-SAHARAN AFRICA	DELIVERING RESILIENT ENTERPRISES AND MARKET SYSTEMS FOR REFUGEES IN ETHIOPIA.	8,644	EFT/WIRE			
(58)		SUB-SAHARAN AFRICA	INTEGRATED VOLUNTARY REPATRIATION OF SOMALI REFUGEES AND EDUCATION.	12,000	EFT/WIRE			
(59)		SUB-SAHARAN AFRICA	IMPROVED ACCESS TO THERAPEUTIC AND PREVENTATIVE NUTRITION SERVICES.	14,580	EFT/WIRE			
(60)		SUB-SAHARAN	RESILIENCE	15,000	EFT/WIRE			

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		AFRICA	BUILDING FOR AGRO-PASTORALIST.					
(61)		SUB-SAHARAN AFRICA	CLIMATE INFORMATION AND MARKET STRENGTHENING TO REDUCE CLIMATE RISK.	16,444	EFT/WIRE			
(62)		SUB-SAHARAN AFRICA	ENHANCING THE RESILIENCE OF URBAN REFUGEES AND VULNERABLE HOST COMMUNITIES IN KAMPALA THROUGH AN INTEGRATED PROTECTION AND LIVELIHOODS APPROACH.	17,025	EFT/WIRE			
(63)		SUB-SAHARAN AFRICA	INTEGRATED WATER SANITATION AND HYGIENE (WASH), GENDER BASED VULNERABILITIES (GBV) AND EDUCATION PROGRAMS FOR VULNERABLE POPULATIONS.	18,229	EFT/WIRE			
(64)		SUB-SAHARAN AFRICA	SUPPORTING GINGER FARMERS IN NIGERIA.	26,062	EFT/WIRE			
(65)		SUB-SAHARAN AFRICA	SUPPORT COOPERATION ON NATURAL RESOURCES TO OVERCOME ECOLOGICAL CAUSES OF CONFLICT.	32,747	EFT/WIRE			
(66)		SUB-SAHARAN AFRICA	PROTECTING REPRODUCTIVE HEALTH.	33,670	EFT/WIRE			
(67)		SUB-SAHARAN AFRICA	IMPROVE AND PRESERVE THE LIVELIHOODS AND PRODUCTIVE ASSETS OF DISPLACED AND RETURNED PEOPLE.	35,955	EFT/WIRE			
(68)		SUB-SAHARAN AFRICA	SELF-RELIANCE THROUGH ACCESS TO BASIC SERVICES, NUTRITION, CASH AND LIVELIHOODS PROGRAM.	36,404	EFT/WIRE			
(69)		SUB-SAHARAN AFRICA	RESPONDING TO EMERGENCIES AND CRITICAL HUMANITARIAN NEEDS.	36,602	EFT/WIRE			
(70)		SUB-SAHARAN AFRICA	EDUCATE WOMEN AND GIRLS ON FAMILY PLANNING AND REPRODUCTIVE HEALTH, THEREBY	43,781	EFT/WIRE			

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			INCREASING EMPOWERMENT.					
(71)		SUB-SAHARAN AFRICA	STRENGTHEN THE INDIVIDUAL AND COLLECTIVE CAPACITY OF WOMEN'S PEACEBUILDING CIVIL SOCIETY ORGANIZATIONS TO ADVANCE GENDER TRANSFORMATIVE SOLUTIONS FOR PEACE.	52,681	EFT/WIRE			
(72)		SUB-SAHARAN AFRICA	STRENGTHENING COMMUNITY CAPACITIES FOR RESILIENCE AND GROWTH.	53,024	EFT/WIRE			
(73)		SUB-SAHARAN AFRICA	DELIVERING RESILIENT ENTERPRISES AND MARKET SYSTEMS FOR REFUGEES.	60,323	EFT/WIRE			
(74)		SUB-SAHARAN AFRICA	SUPPORT INCLUSIVE BUNDLED DIGITAL FARMER SERVICES INCLUDING CLIMATE-SMART SERVICES, FINANCIAL SERVICES, INSURANCE AND MARKET LINKAGES FOR SMALLHOLDERS, PARTICULARLY WOMEN.	61,390	EFT/WIRE			
(75)		SUB-SAHARAN AFRICA	BUILDING RESILIENCE IN COMMUNITIES AFFECTED BY CONFLICT AND CRISIS.	82,290	EFT/WIRE			
(76)		SUB-SAHARAN AFRICA	PROMOTE PEACEFUL ELECTIONS IN KENYA BY STRENGTHENING STAKEHOLDERS' CAPACITY TO PREVENT AND MITIGATE ELECTION VIOLENCE AND CONTRIBUTE TO A PEACEFUL POLITICAL TRANSITION.	99,972	EFT/WIRE			
(77)		SUB-SAHARAN AFRICA	ENSURE VULNERABLE HOST COMMUNITY HOUSEHOLDS HAVE ACCESS TO LIFE-SAVING CASH, WASH AND LIVELIHOOD OPPORTUNITIES, ADDRESSING IMMEDIATE FOOD SECURITY NEEDS AND PREVENTING THE SPREAD OF THE COVID-19 VIRUS.	101,920	EFT/WIRE			



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(78)		SUB-SAHARAN AFRICA	LEVERAGING INVESTMENT FOR TRANSFORMATIONAL WATER AND SANITATION SYSTEMS.	149,186	EFT/WIRE			
(79)		SUB-SAHARAN AFRICA	SUPPORT WOMEN IN SUDAN TO PREVENT AND MITIGATE VIOLENCE AND CONFLICT AND PARTICIPATE IN DECISION-MAKING.	155,416	EFT/WIRE			
(80)		SUB-SAHARAN AFRICA	SUPPORT FOR LOCAL INITIATIVES TO PROMOTE PEACE.	327,660	EFT/WIRE			
(81)		SUB-SAHARAN AFRICA	TRANSITIONING HOUSEHOLDS TO RESILIENCE FROM VULNERABILITY.	168,551	EFT/WIRE			
(82)		SUB-SAHARAN AFRICA	CONDUCT AN ASSESSMENT IN FLOODS AFFECTED SCHOOLS, AND SOME SCHOOLS WITH HIGH ENROLMENT RATES OF IDP AND RETURNEE CHILDREN TO SCALEUP RENOVATE/REPAIR OR EXPANSION OF EXISTING STRUCTURES TO ENHANCE ACCESS TO CONDUCIVE AND INCLUSIVE LEARNING ENVIRONMENTS, CONTINUE TO IMPROVE QUALITY AND GENDER EQUITY TEACHING, PROVIDE TEACHER IN-SERVICE TRAINING, PROVIDE PROTECTION AND PSYCHOSOCIAL SUPPORT, AND PROMOTE COVID-19 MESSAGING AND WASH (IN SCHOOL) ACTIVITIES.	184,040	EFT/WIRE			
(83)		SUB-SAHARAN AFRICA	CONDUCT YOUTH PROGRAMMING IN MAURITANIA THAT CONTRIBUTES TO BUILDING THE CAPACITY OF YOUTH IN ORDER TO BUILD THEIR ASSETS, AGENCY, CONTRIBUTION AND RESILIENCE THROUGH A	186,609	EFT/WIRE			

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			YOUTH-INCLUSIVE APPROACH.					
(84)		SUB-SAHARAN AFRICA	SUPPORT FOR LOCAL INITIATIVES TO PROMOTE PEACE.	218,352	EFT/WIRE			
(85)		SUB-SAHARAN AFRICA	IMPROVING THE FOOD AND NUTRITION SECURITY OF VULNERABLE HOUSEHOLDS.	241,449	EFT/WIRE			
(86)		SUB-SAHARAN AFRICA	SUPPORT HOUSEHOLDS AND COMMUNITIES IN THESE COUNTIES TO ADDRESS THE COMPLEX RISK OF RECURRENT SHOCKS AND STRESSES WHILE LEVERAGING EXISTING OPPORTUNITIES IN THE LIVESTOCK MARKET SYSTEM TO BUILD RESILIENCE AND IMPROVE LIVELIHOODS.	266,851	EFT/WIRE			
(87)		SUB-SAHARAN AFRICA	WORK WITH COMMUNITIES TO PRODUCE TRANSFORMATIVE CHANGE BY ADDRESSING THE UNDERLYING CAUSES OF FOOD INSECURITY.	366,417	EFT/WIRE			
(88)		SUB-SAHARAN AFRICA	INNOVATIVE APPROACHES TO BUILDING RESILIENCE FOR REFUGEES AND HOST POPULATIONS.	400,790	EFT/WIRE			
(89)		SUB-SAHARAN AFRICA	COLLABORATION ACROSS LOCAL, INTERNATIONAL, GOVERNMENT, NON-GOVERNMENT, COMMUNITY, STATE, AND SECURITY STAKEHOLDERS TO INCREASE THE EFFECTIVENESS, LOCAL OWNERSHIP, AND SUSTAINABILITY OF AN INCLUSIVE EARLY WARNING AND EARLY RESPONSE SYSTEM FOR IMPROVED VIOLENCE PREVENTION.	420,458	EFT/WIRE			
(90)		SUB-SAHARAN AFRICA	DEVELOPMENT FOOD SECURITY ACTIVITY PROGRAM FOR RESILIENT	693,954	EFT/WIRE			

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			SYSTEMS.					
(91)		SUB-SAHARAN AFRICA	BUILD RESILIENCE AND PREVENT OR REDUCE VIOLENT EXTREMISM, ITS GOAL IS TO EQUIP VULNERABLE YOUNG WOMEN AND MEN IN NIGER WITH TECHNICAL AND LIFE SKILLS, NETWORKS, AND CAPITAL FOR INCREASED STRATEGIC ECONOMIC OPPORTUNITIES.	3,141,690	EFT/WIRE			
(92)		SUB-SAHARAN AFRICA	EMPOWER ADOLESCENT GIRLS AND YOUNG WOMEN THROUGH ACCESS TO BASIC LITERACY AND NUMERACY, LIFE SKILLS, ECONOMIC OPPORTUNITIES, AND HEALTH INFORMATION AND RESOURCES.	980,790	EFT/WIRE			
(93)		SUB-SAHARAN AFRICA	COMMUNITY INITIATIVE TO PROMOTE PEACE.	1,010,827	EFT/WIRE			
(94)		SUB-SAHARAN AFRICA	DROUGHT RESPONSE AND FAMINE PREVENTION PROGRAM.	1,026,277	EFT/WIRE			
(95)		SUB-SAHARAN AFRICA	RESILIENCE IN PASTORAL AREAS.	1,034,426	EFT/WIRE			
(96)		SUB-SAHARAN AFRICA	ENABLE INDIVIDUALS AND COMMUNITIES TO ENGAGE IN STRONG AND SUSTAINABLE MARKET SYSTEM.	1,704,884	EFT/WIRE			
(97)		SUB-SAHARAN AFRICA	PROGRAM FOR THE DEVELOPMENT OF EASTERN CONGO.	1,810,918	EFT/WIRE			
(98)		SUB-SAHARAN AFRICA	RESPONDING TO URGENT NEEDS AND INVESTING IN RECOVERY.	1,995,943	EFT/WIRE			
(99)		SUB-SAHARAN AFRICA	STRATEGIC ASSISTANCE FOR EMERGENCY RESPONSE AND PROVIDING ASSISTANCE TO COMMUNITIES IN EASTERN DRC.	2,269,054	EFT/WIRE			
(100)		SUB-SAHARAN AFRICA	EMERGENCY ASSISTANCE AND EARLY MARKET RECOVERY.	2,353,404	EFT/WIRE			

Part V

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

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

MERCY CORPS

91-1148123

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> FUSE FUNDRAISING GROUP, 12355 SUNRISE VALLEY DR, SUITE 240, RESTON, VA 20191	CONSULTING		✓	0	772,750	(772,750)
<b>2</b> BLUE STATE DIGITAL, 41 FLATBUSH AVENUE 8TH FL, BROOKLYN, NY 11217	CONSULTING		✓	0	673,560	(673,560)
<b>3</b> SD&A TELESERVICES, 5757 WEST CENTURY BLVD, STE 300, LOS ANGELES, CA 90045	TELEMARKETING		✓	179,419	200,614	(21,195)
<b>4</b> KNEW SALES, INC DBA UP FUNDRAISING, 211 E 43RD ST, UNIT 606, NEW YORK, NY 10017	IN-PERSON SOLICITATIONS		✓	8,270	69,525	(61,255)
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				187,689	1,716,449	(1,528,760)

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<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. Subtract line 10 from line 3, column (d) . . . . .					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	<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. Subtract line 7 from line 1, column (d) . . . . .				

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

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:
 

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
  - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \_\_\_\_\_ \$

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

MERCY CORPS

Employer identification number

91-1148123

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PORTLAND STATE UNIVERSITY P.O. BOX 243, PORTLAND, OR 97207	93-0619733	501(C)(3)	25,000				EMERGING LEADERS PROGRAM
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2022

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 (SEE STATEMENT)	104	348,760			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

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**Part IV**

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

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>SELECTION CRITERIA FOR SUB-GRANTEES VARY DEPENDING ON THE PROGRAMS. AN APPLICATION PROCESS IS PART OF THE PROGRAM DESIGN THAT THE DONOR HAS AGREED TO IN THE PROGRAM PROPOSAL OR WE HAVE AGREED TO AS THE ADMINISTRATOR OF THE PROGRAMS. SUB-GRANTEES ARE SELECTED BASED ON TECHNICAL MERITS, SOCIAL METRICS AND COST CRITERIA INCLUDED IN THE PROGRAM DESCRIPTION, APPROVED BUDGET, REPORTING REQUIREMENTS AND RELEVANT REGULATIONS. SUB-GRANTEES THAT ARE ACCEPTED INTO THE PROGRAMS AGREE TO USE GRANTS TO SUPPORT THE PURPOSE OF THE PROGRAM. REGULAR DONOR REPORTS ARE MADE TO SHOW DISTRIBUTED FUNDS ARE MEETING THE PURPOSE OF THE PROGRAM AND PROVIDING THE DESIRED OUTCOMES.</p>
<p>SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT</p>	<p>SMALL BUSINESS INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) CLIENTS - MATCHED SAVINGS</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MERCY CORPS

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number

91-1148123

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> TJADA D'OYEN MCKENNA CHIEF EXECUTIVE OFFICER	(i)	488,900	0	810	16,800	32,102	538,612	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> ALEXA HOLMES GENERAL COUNSEL & CORPORATE SECRETARY	(i)	232,253	10,000	51,710	7,360	7,952	309,275	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> NDUBISI ANYANWU COUNTRY DIRECTOR	(i)	122,214	0	152,933	7,885	9,719	292,751	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> STEVE LINICK CHIEF ETHICS & COMPLIANCE OFFICER	(i)	258,306	0	1,068	15,931	135	275,440	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> CRAIG ALAN REDMOND SENIOR VICE PRESIDENT - PROGRAMS	(i)	225,305	0	901	13,419	23,945	263,570	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> ALLISON HUGGINS DEPUTY REGIONAL DIRECTOR	(i)	118,489	0	103,255	7,812	31,700	261,256	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> SANJEEV SAHGAL CHIEF PEOPLE OFFICER	(i)	142,562	0	109,105	1,350	3,026	256,043	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> MARGARITA ASWANI CHIEF OF PARTY RURAL RESILIENCE ACTIVITY	(i)	108,680	0	130,730	6,864	9,455	255,729	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> MICHAEL RADCLIFFE COUNTRY DIRECTOR	(i)	125,104	0	103,591	8,894	10,135	247,724	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> MARY STATA CHIEF DEVELOPMENT OFFICER	(i)	199,165	0	178	13,106	29,052	241,501	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> SHANNON ALEXANDER INTERIM VICE PRESIDENT - PROGRAMS	(i)	167,884	0	686	11,343	31,700	211,613	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> ANDREW MORGAN DEPUTY GENERAL COUNSEL & CORPORATE SECRETARY	(i)	133,975	0	111	9,242	10,700	154,028	0
	(ii)	0	0	0	0	0	0	0
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

**Part III**

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	THE FOLLOWING INDIVIDUALS RECEIVED TAX INDEMNIFICATION PAYMENTS THAT WERE INCLUDED IN TAXABLE WAGES: S. SAHGAL, N. ANYANWU, M. RADCLIFFE, M. ASWANI, A. HUGGINS, A. HOLMES
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	PER POLICY, EXPATS LIVING OVERSEAS ARE PROVIDED HOUSING ALLOWANCE AND TAX INDEMNIFICATION AS TAXABLE COMPENSATION. HOUSING ALLOWANCE FOR RESIDENCE FOR PERSONAL USE: S. SAHGAL, N. ANYANWU, M. RADCLIFFE, M. ASWANI, A. HUGGINS, A. HOLMES

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**MERCY CORPS**

Employer identification number  
**91-1148123**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	173	2,268,011	VALUE OF STOCK
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	517	1,184,014	SELLING COST
20				
21				
22				
23				
24				
25	✓	702	125,256	MARKET VALUE
26	✓	35	195,767	MARKET VALUE
27	✓	6	475,143	MARKET VALUE
28	✓	13	421,760	MARKET VALUE

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	29	0
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	Yes	No
30a		✓
31	✓	
32a	✓	
33		

**Part II**

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

Return Reference - Identifier	Explanation
<p>SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS</p>	<p>SECURITIES - PUBLICLY TRADED - NUMBER OF LOTS CONTRIBUTED</p> <p>FOOD INVENTORY - METRIC TONS OF FOOD</p> <p>OTHER - COMPUTER EQUIPMENT NUMBER OF ITEMS CONTRIBUTED</p> <p>OTHER - COMPUTER SOFTWARE NUMBER OF ITEMS CONTRIBUTED</p> <p>OTHER - CRYPTO CURRENCY NUMBER OF LOTS CONTRIBUTED</p> <p>OTHER - OTHER SERVICES NUMBER OF ITEMS CONTRIBUTED</p>
<p>SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS</p>	<p>MERCY CORPS USES A THIRD PARTY TO HANDLE SOME OF ITS CRYPTO DONATIONS. MERCY CORPS HAS PLACED A WIDGET ON OUR WEBSITE AND WE ALSO APPEAR AS A DONATION OPTION ON THEIR WEBSITE. THE THIRD-PARTY ACCEPTS AND LIQUIDATES THE CRYPTO ON OUR BEHALF, PASSING THE USD PROCEEDS TO OUR BANK ACCOUNT.</p>



**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the Organization  
**MERCY CORPS**

Employer Identification Number  
**91-1148123**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	RESILIENT FUTURE. IN MORE THAN 40 COUNTRIES AFFECTED BY CRISIS, DISASTER, POVERTY AND CLIMATE CHANGE MERCY CORPS WORKS ALONGSIDE COMMUNITIES, LOCAL GOVERNMENTS, FORWARD-THINKING CORPORATIONS AND SOCIAL ENTREPRENEURS TO MEET URGENT NEEDS AND DEVELOP LONG-TERM SOLUTIONS TO MAKE LASTING CHANGE POSSIBLE. WE WORK TOWARDS FOUR CONNECTED AND REINFORCING OUTCOMES THAT DETERMINE PEOPLE'S WELLBEING AND SUPPORT THEM TO COPE, ADAPT, AND THRIVE: FOOD SECURITY, WATER SECURITY, ECONOMIC OPPORTUNITIES, AND PEACE AND GOOD GOVERNANCE.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$41,755,007 INCLUDING GRANTS OF \$25,215,346)(REVENUE \$219,912)  HUMANITARIAN ASSISTANCE -- RECOVERY: AFTER A CRISIS, MERCY CORPS WORKS TO MEET PEOPLE'S IMMEDIATE NEEDS WHILE SPARKING RECOVERY THROUGH TOOLS THAT HELP THEM BUILD A STRONGER FUTURE. WE WORK TO PREVENT THE BREAKDOWN OF MARKETS IN TIMES OF CRISIS, AND WE INTERVENE EARLY TO HELP REBUILD THE AGRICULTURE SECTOR, LABOR MARKETS, AND FINANCIAL SERVICES SO THAT LIVELIHOODS CAN RESUME. OUR TEAMS WORKED TIRELESSLY TO HELP COMMUNITIES TO PERSEVERE THROUGH THE LONG-LASTING AND STILL SEVERE ECONOMIC IMPACT OF COVID-19.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$25,982,407 INCLUDING GRANTS OF \$15,690,462)(REVENUE \$136,842)  HEALTH: IN COMMUNITIES AROUND THE WORLD, CONFLICT, THE CLIMATE CRISIS, COVID-19 HAVE THREATENED FOOD SECURITY AS WELL AS ACCESS TO CLEAN WATER, WHICH IS NECESSARY FOR HEALTH. MERCY CORPS IMPROVES SUSTAINABLE ACCESS TO CLEAN WATER AND WE WORK WITH WATER PROVIDERS AND USERS AT MULTIPLE LEVELS TO IDENTIFY SUSTAINABLE RURAL AND URBAN WATER SOLUTIONS AND STRENGTHEN WATER PLANNING, GOVERNANCE, MANAGEMENT. WE USE CASH AND VOUCHER ASSISTANCE TO MEET URGENT FOOD NEEDS, WHILE SIMULTANEOUSLY LAYERING MARKET APPROACHES THAT SUPPORT MORE RESILIENT FOOD SYSTEMS BY IMPROVING ACCESS TO AFFORDABLE AND NUTRITIOUS FOOD, PROMOTING HEALTHY AND DIVERSE DIETS, BUILDING DIVERSE AND CLIMATE-SMART AGRICULTURE, OFFERING HEALTH AND NUTRITION SERVICES FOR MOTHERS AND CHILDREN, AND STRENGTHENING COMMUNITY HEALTH CENTERS.
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	CG, TT, ET, GG, GT, HA, IN, IZ, IS, JO, KZ, KE, KG, LE, LI, ML, MR, NP, NG, NI, PK, PL, RQ, SG, SO, SU, OD, TI, TZ, TS, UG, UP, UZ, YM, ZI
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	MERCY CORPS IS A MEMBER ORGANIZATION WITH A CLOSED SET OF MEMBERS SHARED WITH MERCY CORPS EUROPE AND MERCY CORPS NETHERLANDS AND SEEKS TO OPERATE AS A SINGLE ORGANIZATION CONSISTENT WITH THEIR RESPECTIVE GOVERNING LAWS, DOCUMENTS, AND MAJOR DONOR REQUIREMENTS.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	AS A MEMBER ORGANIZATION, NEW DIRECTORS WILL BE VOTED IN BY CURRENT MEMBERS OF THE JOINT GOVERNING BOARD DURING AN ANNUAL MEMBER MEETING.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	UNDER THE GOVERNANCE AGREEMENT THE MEMBERS HAVE A SUPER MAJORITY VOTE REQUIREMENT FOR REMOVAL OF A DIRECTOR, MERGER OR ACQUISITION, OR DISSOLUTION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE PROCESS FOR APPROVING THE FORM 990 IS AS FOLLOWS: THE CHIEF FINANCIAL OFFICER (CFO) WILL REVIEW THE FORM 990 TO BE PRESENTED TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE WILL VOTE ON A RESOLUTION APPROVING OR DISAPPROVING THE FORM 990. AFTER THE AUDIT COMMITTEE APPROVES THE 990, THE 990 IS EMAILED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE APPROVED FORM 990 WILL BE SIGNED BY THE CFO AND SUBMITTED TO THE IRS. AT THE REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING FOLLOWING THE SUBMISSION, THE AUDIT COMMITTEE, THE CEO OR THE CFO PRESENTS THE HIGHLIGHTS OF THE 990 TO THE BOARD AND THE BOARD VOTES ON A RESOLUTION RATIFYING THE AUDIT COMMITTEE'S APPROVAL OF THE 990. IF ISSUES ARE IDENTIFIED AT ANY POINT, THE 990 IS SENT BACK TO THE PREVIOUS STEP TO ENSURE THE ISSUES ARE RESOLVED AND APPROPRIATE CHANGES ARE MADE. FOR EXAMPLE, IF THE AUDIT COMMITTEE FINDS AN UNRESOLVED ISSUE DURING ITS REVIEW, THE AUDIT COMMITTEE WILL REQUEST THAT THE CFO RESOLVE THE ISSUE BEFORE THE AUDIT COMMITTEE WILL VOTE ON A RESOLUTION APPROVING THE 990.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	MERCY CORPS DISTRIBUTES A CONFLICT OF INTEREST QUESTIONNAIRE (COI) TO ALL OFFICERS, DIRECTORS, OR TRUSTEES, AND KEY EMPLOYEES OF MERCY CORPS ON AN ANNUAL BASIS AND REQUIRES A SIGNED DECLARATION TO DECLARE CONFLICTS AND COMPLY WITH THE CONFLICT OF INTEREST POLICY. THESE ARE REVIEWED BY THE LEGAL DEPARTMENT TO IDENTIFY ANY CONFLICTS OF INTEREST. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE GENERAL COUNSEL IS NOTIFIED AND REPORTED TO THE GLOBAL CONTROLLER AND THE BOARD AUDIT AND RISK COMMITTEE AS MAY BE REQUIRED AND APPROPRIATE. DURING THE YEAR, THE BOARD MEMBER(S) ARE REQUIRED TO RECUSE THEMSELVES FROM DECISION WHERE THEY HAVE A CONFLICT.

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	MERCY CORPS COMPENSATION PRACTICES ARE INTENDED TO BE EQUITABLE, FAIR, COMPETITIVE AND REASONABLE. OFFICER COMPENSATION IS DETERMINED BASED ON HUMAN RESOURCE ASSESSMENT GATHERED FROM OBJECTIVE COMPARISON OF COMPENSATION PAID FOR SIMILAR POSITIONS BY OTHER NON-PROFITS OF SIMILAR SIZE COMPILED ON AN ANNUAL BASIS WHICH IS REVIEWED BY THE COMPENSATION COMMITTEE AND RECOMMENDED FOR BOARD APPROVAL ANNUALLY IN JUNE. THE BOARD REVIEWS THE ASSESSMENT TO DETERMINE REASONABLENESS WITHIN THE MARKET AND APPROVES THE COMPENSATION FOR THE CEO. THE BOARD, PER THE RECOMMENDATION OF THE COMPENSATION COMMITTEE, ALSO PROVIDES A RANGE TO THE CEO FOR OTHER OFFICER AND KEY EMPLOYEE COMPENSATION ON AN ANNUAL BASIS. THE HUMAN RESOURCES TEAM PROVIDES BENCHMARKING INFORMATION AGAINST SIMILAR ORGANIZATIONS IN THE SECTOR. MERCY CORPS ENGAGES INDEPENDENT EXPERTS ON A REGULAR BASIS TO REVIEW THE SALARY BENCHMARKING TO THE INDUSTRY.								
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	SEE NARRATIVE FOR LINE 15A.								
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST, MERCY CORPS WILL PROVIDE A COPY OF ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 739 1304 766">(a) Description</th> <th data-bbox="1312 739 1515 766">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 772 1304 800">ELIMINATE NET ASSETS ON CONSOLIDATION OF SUBSIDIARIES</td> <td data-bbox="1312 772 1515 800">627,532</td> </tr> <tr> <td data-bbox="467 806 1304 833">CGA CHANGE IN VALUE</td> <td data-bbox="1312 806 1515 833">- 28,455</td> </tr> <tr> <td data-bbox="467 840 1304 867">CURRENCY REMEASUREMENT</td> <td data-bbox="1312 840 1515 867">- 375,761</td> </tr> </tbody> </table>	(a) Description	(b) Amount	ELIMINATE NET ASSETS ON CONSOLIDATION OF SUBSIDIARIES	627,532	CGA CHANGE IN VALUE	- 28,455	CURRENCY REMEASUREMENT	- 375,761
	(a) Description	(b) Amount							
	ELIMINATE NET ASSETS ON CONSOLIDATION OF SUBSIDIARIES	627,532							
	CGA CHANGE IN VALUE	- 28,455							
CURRENCY REMEASUREMENT	- 375,761								
SCHEDULE F, PART II, LINE 1 - GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS OR ENTITIES OUTSIDE THE UNITED STATES.	THE INFORMATION ON LINE 1 IS SUMMARIZED BY BOTH PURPOSE AND REGION, WHEREAS THE COUNTS ON LINES 2 AND 3 INCLUDE TOTAL NUMBER OF GRANTEES.								

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**MERCY CORPS**

**Related Organizations and Unrelated Partnerships**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number  
**91-1148123**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> MERCY CORPS DEVELOPMENT HOLDINGS LLC (45-4481022) 1209 ORANGE STREET , WILMINGTON , DE 19801	HOLDING CO.	DE	602,479	4,864,194	MERCY CORPS
<b>(2)</b> MERCY CORPS NIGERIA LIMITED BY GUARANTEE 7TH FLOOR NIGERIA REINSURANCE BLDG, 784A HERBERT MACAULAY WY, ABUJA, NORTH CDB, NI	HUMANITARIAN ASSISTANCE	NIGERIA	0	1,197,398	MERCY CORPS
<b>(3)</b> CIT SERVICES (82-2362222) 45 SW ANKENY ST, PORTLAND, OR 97204	HOLDING CO.	OR	11,620	30,827	MERCY CORPS
<b>(4)</b> MERCY CORPS KENYA THE ALMONT PARK, 3RD FLOOR CHURCH R, OFF WAIYAKI WAY, WESTLANDS, NAIROBI, KE	FIELD OFFICE REGISTRATION	KENYA	0	0	MERCY CORPS
<b>(5)</b> MERCY CORPS PUERTO RICO TRIPLE S PLAZA, 1510 AVE FD, ROOSEVELT SUITE 6A GUYANABO, 00968, RQ	HUMANITARIAN ASSISTANCE	PUERTO RICO	0	67,032	MERCY CORPS
<b>(6)</b>					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> (SEE STATEMENT)							
<b>(2)</b>							
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							

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

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

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

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

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

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

	Yes	No
<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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

**Part II**

**Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MERCY CORPS CONDOMINIUMS UNIT OWNERS ASSOCIATION (27-1113758) 45 SW ANKENY, PORTLAND, OR 97204	PROVIDE MANAGEMENT SERVICES - IRC 528	OR			MERCY CORPS	✓	
(2) MERCY CORPS CORPORATE FUND 36 DZHANDOSOV STREET, ALMATY, KZ	GRANT MAKING	KAZAKHSTAN			MERCY CORPS	✓	
(3) KOMPANION DEVELOPMENT TOGOLOK MOLDO 10, BISHKEK, KG	GRANT MAKING	KYRGYZSTAN			MERCY CORPS	✓	
(4) MERCY CORPS EUROPE 96/3 COMMERCIAL QUAY, EDINBURGH, EH6 6LX, UK	HUMANITARIAN ASSISTANCE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			N/A		✓
(5) MERCY CORPS NETHERLANDS THE HAGUE HUMANITY HUB, FLUWELEN BURG WAL 58, DEN HAAG, 2511 CJ, NL	HUMANITARIAN ASSISTANCE	NETHERLANDS			N/A		✓
(6) ENERGY 4 IMPACT 10 QUEENS STREET PLACE, LONDON, ENGLAND, EC4R 1BE, UK	ENERGY SOLUTIONS	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)			MERCY CORPS	✓	
(7) YAYASAN MERCY CORPS INDONESIA TRIHAMAS BUILDING, 1ST FLOOR, JL TB, TANJUNG BARAT, JAKARTA, 12530, ID	HUMANITARIAN ASSISTANCE	INDONESIA			MERCY CORPS	✓	
(8) MICRO INSURANCE CATASTROPHE RISK ORGANIZATION SCC 1ST FLOOR, LIMEGROVE CENTER, HOLETOWN, ST. JAMES, BB24016 BB, BB	MICRO INSURANCE	BARBADOS			MERCY CORPS	✓	
(9) MC EGYPT LLC 2 ALMALAK AL AFDAL STREET, ZEMALEK, CAIRO, EG	INACTIVE	EGYPT			MERCY CORPS	✓	
(10) MERCY CORPS INTERNATIONAL / JORDAN CO. QUEEN NOUR STREET, AMMAN, SHMEISANI, JO	INACTIVE	JORDAN			MERCY CORPS	✓	
(11) MERCY CORPS INDIA SHOP NO 3, NEW DELHI, VASANT KUNJ, 1110070, IN	HUMANITARIAN ASSISTANCE	INDIA			MERCY CORPS	✓	
(12) HUMANITARIAN ENERGY PLC HOUSE NO. 377, OFFICE NO. 307, YEKA SUB-CITY, KEBELE 08, ADDIS ABABA, ET	ENERGY SOLUTIONS	ETHIOPIA			MERCY CORPS	✓	
(13) ENERGY 4 IMPACT (TANZANIA) ST. FRANCIS XAVIER NYAKAHOJA PARISH, BUILDING, RM NO 1 & 2, MAKONGOR RD, MWANZA, TZ	ENERGY SOLUTIONS	TANZANIA			MERCY CORPS	✓	

**Part IV**

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) KOMPANION FINANCIAL GROUP MICROFINANCE CLOSED STOCK JOINT CORPORATION TOGOLOK MOLDO 10, BISHKEK, KG	MICROFINANCE ACTIVITY / BANK	KYRGYZSTAN	MERCY CORPS	C CORPORATION	40,676,917	124,593,287	65%	✓	
(2) MERCY CORPS INDIA SHOP NO 3 VASANT KUNJ, NEW DELHI, 1110070, IN	ECONOMIC DEVELOPMENT	INDIA	MERCY CORPS	C CORPORATION	0	0	100%	✓	
(3) KOMPANION INVEST MICROCREDIT COMPANY TOGOLOK MOLDO 10, BISHKEK, KG	MICROFINANCE ACTIVITY	KYRGYZSTAN	MERCY CORPS	C CORPORATION	0	0	65%	✓	
(4) MC EGYPT LLC 2 AL MALAK AL AFDAL STREET ZEMALEK, CAIRO, EG	ECONOMIC DEVELOPMENT	EGYPT	MERCY CORPS	C CORPORATION	0	0	100%	✓	
(5) MERCY CORPS INTERNATIONAL / JORDAN CO. QUEEN NOUR STREET, AMMAN, JO	ECONOMIC DEVELOPMENT	JORDAN	MERCY CORPS	C CORPORATION	0	0	99%	✓	
(6) HUMANITARIAN ENERGY PLC HOUSE NO. 377, OFFICE NO 307, YEKA SUB-CITY, KEBELE 08, ADDIS ABEBA, ET	ENERGY SERVICES FOR HUMANITARIAN WORLD	ETHIOPIA	MERCY CORPS	C CORPORATION	0	2,585,401	98.7%	✓	