Form (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
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.

OMB No. 1545-0047 2019 Open to Public Inspection

<u>A</u>	For the 2019	calendar year, or tax year beginning , and ending			10000000000000000000000000000000000000
В	Check if applicable:	C Name of organization		D Employe	r identification number
	Address change	Mercy-USA For Aid & Development, Inc	.		
\Box	Name change	Doing business as		38-28	846307
\equiv	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	e number
_	Initial return Final return/	44450 Pinetree Drive RM/STE 201 City or town, state or province, country, and ZIP or foreign postal code		734-4	<u>454-0011</u>
	terminated	l			
	Amended return	Plymouth MI 481703869		G Gross rece	eipts\$ 29,610,934
\Box	Application pending	F Name and address of principal officer:	H(a) Is this a gro		ubordinates Yes X No
Ш	Application pending	Umar al-Qadi	n(a) is this a gro	up return for s	ubordinates Yes No
			H(b) Are all sub-	ordinates incl	uded? Yes No
			If "No,"	attach a list.	(see instructions)
	Tax-exempt statu	s: X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 527			
<u>J</u>	Website:	www.mercyusa.org	H(c) Group exe	mption numbe	er 🕨
THEFT	Form of organization	on: X Corporation Trust Association Other V	ar of formation: 1	988	M State of legal domicile: MI
	Part IS	ummary			
	1 Briefly	describe the organization's mission or most significant activities:	,		
ဥ		cy-USA is dedicated to alleviating human suffering	and sup	portin	a
nar	ind	ividuals and their Communities in their own effort	s to bec	ome mo	
Æ	sel	f-sufficient.			
Governance	2 Check t	his box I if the organization discontinued its operations or disposed of more than	25% of its net	assets	
	3 Numbe	of voting members of the governing body (Part VI, line 1a)		اما	8
Activities &	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)		4	8
Ϋ́Ε	5 Total nu	umber of individuals employed in calendar year 2019 (Part V, line 2a)		5	8
Ċţį	6 Total nu	Imber of volunteers (estimate if noncocon)			250
٩		prelated husiness revenue from Part VIII. column (C) line 12			0
		elated business taxable income from Form 990-T, line 39			0
	2.10.4	stated business taxable income from 1 offin 990-1, line 39	Prior Yea	. 7b	Current Year
Ф	8 Contrib	utions and grants (Part VIII, line 1h)	19,274		29,446,144
Į,		n service revenue (Part VIII, line 2g)		7,171	1,500
Revenue		nent income (Part VIII, column (A), lines 3, 4, and 7d)		,298	19,876
œ		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,943	143,414
		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,464		29,610,934
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)		,460	620,970
		s paid to or for members (Part IX, column (A), line 4)	400	7, 200	020,910
ý		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,229	126	6 752 017
Se	16aProfess	ional fundraising fees (Part IX, column (A), line 11e)	5,223	,130	6,752,917
Expenses	b Total fu	ndraising expenses (Part IX, column (D), line 25) ▶ 261,852			
Ж	17 Other e	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,189	. 622	20 260 460
		(penses, Add lines 13–17 (must equal Part IX, column (A), line 25)			22,369,462
		le less expenses. Subtract line 18 from line 12	19,879		29,743,349
5	is Nevent		-415 Beginning of Cur	5,084	-132,415 End of Year
Net Assets or	20 Total a	seets (Part V. line 16)	5,498		6,369,502
Ass	21 Total lia	abilities (Part X, line 26)	1,170		2,174,060
Set .	22 Net ass	sets or fund balances. Subtract line 21 from line 20	4,327		4,195,442
100740000	Contract of the Property of th	ignature Block	7,52	, 057	7,133,332
	- Control of the Cont	of perjury, I declare that I have examined this return, including accompanying schedules and sta		40-0-4-6	Carrie Ca
tr	rue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer	irer has anv kno	wledge.	my knowledge and belief, it i
		ahma 1 - of files.		10/30	1/20
Si	gn 🕨	Signature of officer		Date	1120
	ere	Umar al-Qadi Pres.	/CEO	54.0	
• • • •		Type or print name and title	CEO		
	Print/T	ype preparer's name Preparer's signature	Date	Tai	if PTIN
Pa	ia	() white	<i>7</i>	Check	□"
	onaror Milli	Sakhuja Anil Sakhuja		/20 self-em	
	se Only		F	irm's EIN	38-2463166
-3	-	7310 Woodward Ave Ste 740			212 072 7522
N.A.		address Detroit, MI 48202		hone no.	313-873-7500
Ma	ay the IRS disc	cuss this return with the preparer shown above? (see instructions)			X 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	<u>X</u>
1 Briefly describe the organization's mission: Mercy-USA is dedicated to alleviating human suffering and	supporting
individuals and their Communities in their own efforts to	become more
self-sufficient.	
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 X 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 X 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 to the organization of the complex program services accomplishment of the complex program services accomplex program services accomplishment of the complex program services accomplishment of the complex program services accomplishme	sured by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others,
the total expenses, and revenue, if any, for each program service reported.	
Health Services - The improvement of individual and commun through education, immunization, nutrition support, safe w sanitation and other preventative measures. It also inclu or funding of clinics, hospitals, and other health care in improvement, rehabilitation and renovation of the existing infrastructure; and the provision of medicines, medical su medical equipment to health care facilities.	ater, hygiene, des the operation stitutions; health care
••••••	
00 100 005	
4b (Code:)(Expenses \$ 22,196,935 including grants of \$ 342,315) (Revenue Food, Shelter & Orphan Assistance - The provision of all t shelter, winterization materials, and necessary household items. The orphan assistance includes specific projects o assistance for orphans around the world.	ypes of food and and and personal
•••••	
4c (Code:)(Expenses \$ 850,860 including grants of \$ 193,512) (Revenue Education - The improvement of attendance and academic per especially among girls, through daily school lunch program includes construction of school buildings, as well as reparenovations to existing schools. Additionally, the provis and technical training especially to orphans and other vul and youth.	formance, s. It also irs and ion of vocational
•	
4d Other program services (Describe on Schedule O.) (Expenses \$ 251,033 including grants of\$ 64,998) (Revenue \$)
4e Total program service expenses ▶ 29,001,440	,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	•		
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			- 22
0	complete Schedule D, Part III	8		Х
۵	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		Λ
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	0		Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign erganization? If "Voe." complete Schodule F. Porte II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Vac." complete Schodule F. Parte III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			-2
	Part VIII lines 1c and 8a2 If "Ves." complete Schedule G. Part II	18		X
10		10		Λ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Λ
b 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			١
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			١
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			İ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			₹.
350	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			X
	Check if Schedule O contains a response or note to any line in this Part V		V	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019) Mercy-USA For Aid & Development, Inc38-2846307 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		s?	2b	X				
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction).	tions)				77			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			. 3a		Х			
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Sche</i> At any time during the calendar year, did the organization have an interest in, or a signature or of			3b					
4 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, securities account, securities account, securities account in a foreign country (such as a bank account, securities account, securities account, securities account, securities account in a foreign country (such as a bank account, securities account, securities account account in a foreign country (such as a bank account a		-	4a	Х				
b	If "Yes," enter the name of the foreign country See Schedule O	i ioiai c		ти	41				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	cial Ac	counts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra					Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contri	bution	s or						
	gifts were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	oods	_					
	and services provided to the payor?			7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which required to file Form 8282?	it was		7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	[/6					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	-	l htract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?			. 8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	i .	Ī						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	1440							
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	11a							
U	against amounts due or received from them)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		1041?	12a					
b		12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which		•						
	the organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c							
14a				Х					
b	0	. 14b							
15	tion or	15		х					
excess parachute payment(s) during the year?									
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investr	mont :	ocome?	16		Х			
	If "Yes," complete Form 4720, Schedule O.	nent II	ICUITIC!	10		42			
	n 100, complete i onii 7720, conodulo o.								

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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

1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	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? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	ne year	by the follow	_		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	1 - \	X
Sec	tion B. Policies (This Section B requests information about policies not required by the	inter	naı Keven	ue Co		<u> </u>
40-	D:14			40-	Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	filima 4		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	illing t	ne iorm?	11a		
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			120	v	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	e rise	to confincts?	120	Λ	
С	describe in Schedule O how this was done			12c	X	
12	Did the organization have a written whistleblower policy?			13	X	
13 14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			1**	42	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?				
а	The organization's CEO, Executive Director, or top management official			15a	х	
h	Other efficers or key employees of the ergenization			15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
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?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, IL, MI, NJ					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sed	tion 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•	. ,			
	X Own website X Another's website X 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	intere	st policy, and	l		
	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	record	s 🕨			

Umar-Al-Qadi

Plymouth

44450 Pinetree Dr., Ste 201

MI 48170

734-454-0011

orm 990 (2019	Mercy	y-USA	For	Aid	æ	Develo	pment	, Inc38	-2846307	1
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Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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) (B) (C) (D) (E) (F) Reportable Name and title Average Position Reportable Estimated amount (do not check more than one of other hours compensation compensation per week box, unless person is both an from the from related compensation (list any officer and a director/trustee) organization organizations from the hours for (W-2/1099-MISC) (W-2/1099-MISC) organization and related -ormer related organizations stitutional trustee nployee dividual trustee organizations employee below dotted line) Iman ElKadi (1) Ms . 0.00 0.00 X 0 0 Chairperson X 0 (2) Mr. Hassan Amin 0.00 0.00 Board Member X 0 0 0 (3) Ms. Rasha Ghobashy 0.00 0.00 X X 0 0 0 Treasurer (4) Dr. Ali El-Menshawi 0.00 V. Chairperson X X 0 0 0.00 0 (5) Ms. Clareen Menzies 0.00 0.00 X 0 0 0 Board Member (6) Mr. Yassine Benzinane 0.00 X 0 0 0 Board Member 0.00 (7) Ahmad Elshennawy 0.00 0.00 Board Member X 0 0 0 (8) Ms.. Samar Mady 0.00 Board Member 0.00 X 0 0 0 (9) Kari Ansari 40.00 0.00 0 Director of Comm X 105,415 12,000 (10) Umar al-Qadi 40.00 0 0.00 X Pres./CEO 123,732 18,560 (11) Anas Alhaidar 40.00 **CFO** 0.00 118,377 0 17,757

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(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than is both	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
······										
· · · · · · · · · · · · · · · · · · ·										
1b Subtotal							\	347,524		48,31
d Total (add lines 1b and 1c) Total number of individuals (<u>.</u>				ed ab	347,524 pove) who received more		48,31
reportable compensation from 3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on line organization and related on line	former officer, of s," complete Schone 1a, is the suitanizations great	direction of the contraction of	tor, t le Ja repo nan \$	for se ortab 3150	<i>uch</i> le c ,000	indiv omp	vidua ensa "Yes	al ation and other compensa s," complete Schedule J fo	tion from the	Yes No
for services rendered to the Section B. Independent Contrac	organization? <i>If</i>									5 X
Complete this table for your compensation from the organ	five highest com	pen	sate	d ind	depe	ende	nt co	ontractors that received m	ore than \$100,000 of	tay year
	(A) d business address	COII	ipen	Sauc	JII IC	יו נווכ	Cai		(B) tion of services	(C) Compensation
2 Total number of independen received more than \$100,000	t contractors (in	cludi	ing b	out no	ot lir	nited	d to t	those listed above) who	0	

Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any lin

		Check II	SCII	edule O cor	แลเทร	a resp	onse or no	ne to any line in	i inis Pari VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	4-				4-						
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated camp	aigns		1a						
ă, M	D	Membership due	es		1b						
ifts Ir A	С	Fundraising ever	nts		1c						
j, G	d	Related organiza			1d		0.55 .501				
Sin	е	Government grants (co			1e	2,	967,621				
utic	f	All other contributions,									
ğ		and similar amounts no	t includ	ed above	1f		478,523				
d	g	Noncash contributions i	include	d in lines 1a-1f	1g	\$ 14,	001,626				
a Gu	h	Total. Add lines	1a–1	f				29,446,144			
							Business Code				
Se	2a	Ticket Sale	es				624200	1,500	1,500		
Program Service Revenue	b										
Sc	С										
ran	d										
rog	е										
Ь	f	All other progran									
		Total. Add lines						1,500			
		Investment incor						,			
	•	other similar amo		-			_	19,876			19,876
	4	Income from inve			nt hon	d procee	de				== / = : =
	5	Royalties									
	3	Troyanies		(i) Real			Personal				
	C -	Cross route	C -	.,,	070	(11) 1	ersorial				
		Gross rents	6a	02,	. 0 7 0						
		Less: rental expenses	6b	02	070						
		Rental inc. or (loss)	6c	. \				82,070			82,070
		Net rental incom	e or (62,070			62,070
		sales of assets	_	(i) Securities	· · · · · · · · · · · · · · · · · · ·	(11)	Other				
ø	_	other than inventory	7a								
nu	b	Less: cost or other									
Other Revenue		basis and sales exps.	7b								
R		Gain or (loss)	7c								
her		Net gain or (loss									
ð	8a	Gross income from	fundr	aising events							
		(not including \$.									
		of contributions rep		on line 1c).							
		See Part IV, line 18			8a						
	b	Less: direct expe	enses		8b						
	С	Net income or (lo	oss) f	rom fundraisinឲ	even	ts					
	9a	Gross income from	gamir	ng activities.							
		See Part IV, line 19	٠		9a						
	b	Less: direct expe	enses		9b						
	С	Net income or (lo	oss) f	rom gaming ac	tivities						
	10a	Gross sales of in	vent	ory, less							
		returns and allow	vance	es	10a						
	b	Less: cost of goo	ods s		10b						
		Net income or (lo			ventor	y	<u></u>				
JS							Business Code				_
Miscellaneou Revenue	11a	Gain on For	reig	n Currency			900099	61,344	61,344		
lan snu	b										
cel	С										
Als.	d	All other revenue									
_		Total. Add lines					>	61,344			
		Total revenue.						29,610,934	62,844	0	101,946
					-	•		•	7		

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must	complete all columns. All		complete column (A).	
	Check if Schedule O contains a res	·	n this Part IX		
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	115,143	115,143		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	505,827	505,827		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	6 040 005		1 - 1 - 0 - 1 -	
7	Other salaries and wages	6,243,005	6,063,167	151,015	28,823
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	444 000	260 100	02 067	
9	Other employee benefits	444,067	360,100 49,390	83,967 16,455	
10	Payroll taxes	65,845	49,390	16,433	
11	Fees for services (nonemployees):				
	Management	29,552	28,520	1,032	
	Legal	46,010	33,410	12,600	
4	Accounting Lobbying	40,010	33,410	12,000	
	Professional fundraising services. See Part IV, line 1	7			
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
J	(A) amount, list line 11g expenses on Schedule O.)	81,044	63,854	2,140	15,050
12	Advertising and promotion	155,566	,	930	154,636
13	Office expenses	201,365	158,414	37,301	5,650
14	Information technology				·
15	Royalties				
16	Occupancy	383,138	356,219	23,610	3,309
17	Travel	497,247	470,558	26,689	
18	Payments of travel or entertainment expense	S			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,247	1,075	6,022	9,150
20	Interest				
21	Payments to affiliates	116 160	F1 406	64 676	
22	Depreciation, depletion, and amortization	116,162	51,486	64,676	
23	Insurance	39,313	36,093	3,220	
24	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.)				
а	Program Materials	18,421,918	18,421,918		
a b	Transportation Expenses	1,155,340	1,153,515	1,825	
C	Indirect Costs	814,994	814,994	1,025	
d	Bank Charges/Currency Flu	252,062	202,206	4,666	45,190
e	All other expenses	159,504	115,551	43,909	44
25	Total functional expenses. Add lines 1 through 24e	29,743,349	29,001,440	480,057	261,852
26	Joint costs. Complete this line only if the		. ,	•	·
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
DAA		L.	I.	I	Form 990 (2010)

				(A) Beginning of year		(B) End of year				
1	Cash—non-interest-bearing			3,556,687	1	3,239,268				
2		3,330,007	2	3/233/200						
3			3							
4			953,537	4	2,061,260					
5		director	3337337	7	2,001,200					
ľ	trustee, key employee, creator or founder, substa									
	controlled entity or family member of any of these	o norcone			5					
6		Loans and other receivables from other disqualified persons (as defined								
	under section 4958(f)(1)), and persons described		000		6					
7				6,000	7	4,000				
8				0,000	8	1,000				
9	Drawaid asymptotic and deferred aborress		13,012	9	83,486					
_	a Land, buildings, and equipment: cost or other	23,022								
. •	basis. Complete Part VI of Schedule D	10a	1.592.517							
1.	b Less: accumulated depreciation	10b	1,592,517 627,262	960,079	10c	965,255				
11	lance at the contract of the land of the contract of			300/013	11	300,200				
12					12					
13	Investments—program-related See Part IV line	Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11								
14				13 14						
15	-			9,169	15	16,233				
16		al line 33)		5,498,484	16	6,369,502				
17				706,911	17	1,564,990				
18			,,,,,,,	18						
19			453,906	19	596,260					
20	Tax avament hand liabilities			100,000	20					
21		art IV of Sche	dule D		21					
22	trustee, key employee, creator or founder, substa									
	controlled entity or family member of any of these				22					
23					23					
24					24					
25										
	parties, and other liabilities not included on lines									
	of Schedule D	, ,		9,810	25	12,810				
26	Total liabilities. Add lines 17 through 25			1,170,627		2,174,060				
	Organizations that follow FASB ASC 958, che			, ,						
	and complete lines 27, 28, 32, and 33.									
27	Net assets without donor restrictions			3,021,813 1,306,044	27	3,041,009				
28	All a second sec									
	Organizations that do not follow FASB ASC 9									
	and complete lines 29 through 33.									
29	Capital stock or trust principal, or current funds		29							
30	Paid-in or capital surplus, or land, building, or eq	Paid-in or capital surplus, or land, building, or equipment fund								
31	Retained earnings, endowment, accumulated inc	come, or other	funds		31					
27 28 29 30 31 32	Total net assets or fund balances			4,327,857	32	4,195,442				
33				5,498,484	33	6,369,502				

Form **990** (2019)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29	, 61	0,9	934
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 349</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-13</u>	2,4	415
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	, 32	7,8	857
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				,
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	,19	5,4	442
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		600			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a	X	
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			3b	X	
	, , , , , , , , , , , , , , , , , , ,					(2019)

DAA

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

38-2846307 Mercy-USA For Aid & Development, Inc 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,286,167	11,655,041	20,631,958	19,274,722	29,446,144	92,294,032
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	11,286,167	11,655,041	20,631,958	19,274,722	29,446,144	92,294,032
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						92,294,032
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	11,286,167	11,655,041	20,631,958	19,274,722	29,446,144	92,294,032
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,087	80,840	84,435	94,451	101,946	432,759
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	50,156	30,095	49,936	85,790	61,344	277,321
11	Total support. Add lines 7 through 10						93,004,112
12	Gross receipts from related activities, etc.	c. (see instructions)			12	225,387
13	First five years. If the Form 990 is for the	e organization's fil	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop he						▶
Sec	tion C. Computation of Public S						
14	Public support percentage for 2019 (line	6, column (f) divid	ed by line 11, col	umn (f))		14	99.24%
15	Public support percentage from 2018 Sc						99.14%
16a	33 1/3% support test—2019. If the orga				is 33 1/3% or mo	ore, check this	. =
	box and stop here . The organization qua						► X
b	33 1/3% support test—2018. If the orga				ne 15 is 33 1/3%	or more, check	
	this box and stop here . The organization						▶ □
17a	10%-facts-and-circumstances test—20	_					
	10% or more, and if the organization me				-	•	
	Part VI how the organization meets the "	racts-and-circums	tances" test. The	organization qual	ities as a publicly	supported	▶ □
	organization						▶ □
b	10%-facts-and-circumstances test—20	•					
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization n			•	•		▶ □
10	supported organization Private foundation. If the organization of	lid not shook a k = -	v on line 42 46-	16b 17a c= 47 ^b	obook this base =		
18							▶ □
	instructions						

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.)

Sec	tion A. Public Support	quantity annual		, p		<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2010	(6) 2017	(u) 2010	(e) 2019	(I) Total
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2013	(6) 2010	(6) 2017	(u) 2010	(e) 2019	(I) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization's	first. second. third	. fourth, or fifth tax	vear as a sectio	n 501(c)(3)	
-	organization, check this box and stop he				•		▶ □
Sec	tion C. Computation of Public S						
15	Public support percentage for 2019 (line			olumn (f))		15	%
16	Public support percentage from 2018 Sc						%
Sec	tion D. Computation of Investm					<u> </u>	
17	Investment income percentage for 2019	(line 10c, columr	ı (f), divided by lin	e 13, column (f))		17	%
18	Investment income percentage from 201					40	%
19a	33 1/3% support tests—2019. If the org	anization did not	check the box on				
	17 is not more than 33 1/3%, check this	box and stop he	re. The organizati	on qualifies as a p	oublicly supported	d organization	▶ ∟
b	33 1/3% support tests—2018. If the org						
	line 18 is not more than 33 1/3%, check	-	_	•		-	
20	Private foundation. If the organization of	did not check a bo	ox on line 14, 19a	, or 19b, check thi	s box and see in:	structions	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2 3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a 9b		
9c		
10a		

_Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b		:	1	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	mstructio	oris).	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
			162	NU
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		Zu		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
о a				
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Mercy-USA For Aid & Development, Inc38-2846307 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organi	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 2	20, 1970 (explain in Part	VI). See
instructions. All other Type III non-functionally integrated supporting organization	ns must c	omplete Sections A thro	ugh E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, , ,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integral.	rated Tvn	e III supporting organiza	ation (see

,	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see
	instructions)

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt p	urposes		
2	Amounts paid to perform activity that directly furthers exempt purp			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the org	anization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	/i\	(ii)	/iii\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Expose from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Mercy-USA For Aid & Development, Inc38-2846307

Schedule A (Form 990 or 990-EZ) 2019

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 Open to Public Inspection

Name of the organization

Employer identification number

M	ercy-USA For Aid & Development, Inc	c	38-2846307
	Organizations Maintaining Donor Advised Complete if the organization answered "Yes" of	Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered Tes C	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
_	funds are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor advisor		
	only for charitable purposes and not for the benefit of the donor or or		
_			Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" of	on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization (ch		
•	Preservation of land for public use (for example, recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	Freservation of a certified	a historic structure
2	Complete lines 2a through 2d if the organization held a qualified co	nconvotion contribution in the form of	a concentration
_	easement on the last day of the tax year.	riservation contribution in the form of a	Held at the End of the Tax Yea
_			
a			
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after 7.	/25/06, and not on a	
_			
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated by the o	rganization during the
	tax year ▶		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic r		
	violations, and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	ng of violations, and enforcing conser	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing concernation	a accoments during the year
7	▶ ¢	violations, and emorcing conservation	reasements during the year
	Does each conservation easement reported on line 2(d) above sati	of the requirements of section 170(h)	\(A\(D\()\)
0			
^	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation eas		
9	balance sheet, and include, if applicable, the text of the footnote to	·	
	organization's accounting for conservation easements.	the organization's infancial statement	s that describes the
Ps	art III Organizations Maintaining Collections of A	rt Historical Treasures or C	Other Similar Assets
	Complete if the organization answered "Yes" of		Allor Ollimar Addots.
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and	l balance sheet works
	of art, historical treasures, or other similar assets held for public exl		
	service, provide in Part XIII the text of the footnote to its financial st		-
b	If the organization elected, as permitted under FASB ASC 958, to r		lance sheet works of
	art, historical treasures, or other similar assets held for public exhib	-	
	provide the following amounts relating to these items:	•	•
			> \$
	(ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures	or other similar assets for financial o	ain, provide the
_	following amounts required to be reported under FASB ASC 958 re	-	, p. 01140 1110
а			▶ \$
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		• •

Part III Organizations Maintain	ling Collections	ot Art, Historic	ai ireasures,	or Other S	imilar As	sets (cont	inuea)
3 Using the organization's acquisition, accollection items (check all that apply):	ession, and other red	cords, check any of t	he following that m	nake significa	nt use of its		
a Public exhibition	d 🗌	Loan or exchange	orogram				
b Scholarly research	е 🗌	Other					
c Preservation for future generations							
4 Provide a description of the organization	's collections and ex	plain how they furthe	r the organization	's exempt pui	rpose in Part		
XIII.							
5 During the year, did the organization sol							
assets to be sold to raise funds rather th		as part of the organi	zation's collection?	?	<u> </u>	Yes	No
Part IV Escrow and Custodial				•			
Complete if the organiza 990, Part X, line 21.				·	ted an am	ount on Fe	orm
1a Is the organization an agent, trustee, cu	stodian or other inter	mediary for contribut	ions or other asse	ts not			
included on Form 990, Part X?						Yes	No
b If "Yes," explain the arrangement in Part	XIII and complete th	e following table:				A	
						Amount	
d Additions during the year							
e Distributions during the year					1e		
f Ending balance					1f		
2a Did the organization include an amount						Yes	No No
b If "Yes," explain the arrangement in Part	XIII. Check here if the	ne explanation has be	een provided on P	art XIII			
Part V Endowment Funds.		/") Dart IV line	40			
Complete if the organiza							
4- D : :	(a) Current year	(b) Prior year	(c) Two years ba	ick (a) in	ree years back	(e) Four yea	Irs Dack
1a Beginning of year balance							
b Contributions						 	
c Net investment earnings, gains, and							
losses							
d Grants or scholarships						+	
Other expenditures for facilities and							
programs						+	
f Administrative expenses						+	
g End of year balance		 / :	- (-)\				
2 Provide the estimated percentage of the		lance (line 1g, colum	n (a)) neid as:				
a Board designated or quasi-endowment							
a Tarra and aureant	6						
c Term endowment \ %	s should squal 1000/						
The percentages on lines 2a, 2b, and 2c 3a Are there endowment funds not in the percentages.	•		d and administars	d for the			
	ossession of the orga	anization that are nei	a and administered	a for the		Ye	s No
organization by:						3a(i)	5 NO
(i) Unrelated organizations (ii) Related organizations						2-(::)	-
b If "Yes" on line 3a(ii), are the related org	anizations listed as r	equired on Schedule				3a(ii) 3b	-
4 Describe in Part XIII the intended uses of			Nf			. 30	
Part VI Land, Buildings, and E		endowment lunds.					
Complete if the organiza		/es" on Form 99) Part IV line	112 See F	-orm 990	Part X lin	10 م
Description of property	(a) Cost or othe		or other basis	(c) Accumulate		(d) Book valu	
Description of property	(a) Cost of othe		other basis	depreciation		(w) DOOK VAIU	•
12 Land	` `	, (c	,	F.00.0000			
1a Land		1 -	L20,403	303	,706	706	,697
b Buildings	• • •	<u> </u>	20,305	<u> </u>	, , , , ,	190	, 091
c Leasehold improvements			172,114	303	,556	160	,558
d Equipmente Other			= (303	, , , , ,		, , , , ,
Total. Add lines 1a through 1e. (Column (d) n		Part X column (R)	line 10c)		•	965	,255
Total. Add illes ta unough te. (Column (d) Il	iusi equal i Ollii 990,	Tart A, Columni (D),			····· 🖊 📗		, 2 3 3

Part VII	Investments - Other Securities.	Development,		Page
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 99	00, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(6) (1)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	'an Farm 000 Dart IV	/ line 11e Coe Farm OC	O Dort V line 12
	Complete if the organization answered "Yes"	<u> </u>	(c) Method of	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(4)			Soot of Grid of your	market value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 99	00, Part X, line 15.
	(a) Description	,		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes'	' on Form 990, Part I\	/, line 11e or 11f. See F	orm 990, Part X,
	line 25.		T	
<u>1. </u>	(a) Description of liability			(b) Book value
	l income taxes			
	ant Security Deposits			7,110
	nce Rent			5,70
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				
(9)				

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

	Complete if the organization answered "Yes" on Fo	illi 990, Part IV, illie 12	۲a.	
1	Total revenue, gains, and other support per audited financial statements		1	29,610,934
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	9		2e	
3	Subtract line 2e from line 1		3	29,610,934
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	A.1.1.		4-	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line	121	4c	29,610,934
000000000000000000000000000000000000000	art XII Reconciliation of Expenses per Audited Financia			
•	Complete if the organization answered "Yes" on Fo			Julii.
1	Tatal and an and large and an analysis of the second state of the	,		29,743,349
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-, -,
а	Donated services and use of facilities	2a		
b		2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	29,743,349
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	20 742 240
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line	4b		29,743,349
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, lineart XIII Supplemental Information.	4b e 18.)	5	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	4b e 18.) nd 4; Part IV, lines 1b and 2l	b; Part V, line 4; Par	
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	5; Part V, line 4; Parformation.	rt X, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	5; Part V, line 4; Parformation.	rt X, line
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b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
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b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line
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b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lineart XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a are art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part art XI, Line 2d - Revenue Amounts Incomplete Incomplete III are III.	e 18.) and 4; Part IV, lines 1b and 2l to provide any additional in	p; Part V, line 4; Part formation.	tX, line

Schedule D (F	orm 990) 2019	9 Mercy-	USA For	Aid & De	evelopme	nt,Inc38	-2846307	7	Page 5
Part XIII	Suppleme	ental Informa	ation (contin	ued)					

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public nspection

Department of the Treasury Internal Revenue Service

Name of the organization

Mercy-USA For Aid & Development, Inc

Employer identification number 38-2846307

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV. line 14b. 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 X Yes award the grants or assistance? 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 (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in employees, agents, and region (by type) (such as, a program service, expenditures for the region fundraising, program services, describe specific type of and investments independent service(s) in the region in the region investments, grants to recipients contractors located in the region) in the region Somalia & Kenya 2 1,383 Program Services Health, Food, Shelter 14,459,353 (1)Albania 1 3 Program Services Economic Dev., Educat 143,555 (2) Bosnia 1 2 Program Services Economic Dev., Food 151,139 (3) Lebanon (4) 1 11 Program Services Health, Education, Etc 316,700 Indonesia 1 6 Program Services Econo.Dev.,Food 118,711 (5) India Food, Shelter 15,057 1 Program Services (6)Syria & Turkey 13,073,510 1 23 Program services Food, Shelter, Health (7) Gaza 1 Program Services Food, Shelter, Health 162,268 (8)Rohingya (9) 1 Program Services Food, Shelter, Health 182,831 Pakistan 56,547 1 Program Services Food , Shelter (10)Yemen 1 Program Services Food, Shelter 163,492 (11)(12)(13)(14)(15)(16)(17)1,433 28,843,163 3a Subtotal **b** Total from continuation sheets to Part I c Totals (add 7 1,433 28,843,163

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. (i) Method of 1 (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (a) Amount of (h) Description valuation (book, FMV. of noncash assistance organization section and EIN grant cash grant cash noncash appraisal, other) (if applicable) disbursement assistance 14,340 bank transfer Food Aid India (1) Food for Rohingya Re 170,000 bank transfer Bangladesh (2) Educational Support 150,000 bank transfer Gaza (3) Food Aid 9,975 Bank Transfer Pakistan (4) Education 43,512 Bank Transfer Pakistan (5) 118,000 Food Aid Bank Transfer Yemen (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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities Schedule F (Form 990) 2019

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 duplica	<u>ated if additiona</u>	l space is neede	<u>d.</u>				
(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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<u>(18)</u>							E (Form 000) 2040

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2019

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.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds
Organizations outside of the US:

Grantees based outside of the US and US-based grantees receiving funding for projects outside of the US must be registered non-profit organizations with their respective national governments. They are checked against the US Treasury Department, US State Department and United Nations lists of designated terrorists. They are also required to certify that they do not advocate, support or fund terrorist activities and that all funds received from Mercy-USA will be used strictly for humanitarian purposes. They are further required to submit their independently audited annual financial statements. Specific agreements are signed for each grant; these agreements contain further certifications, stipulate reporting requirements and limit use of funds to the specific project funded. Grant payments are paid in installments after receiving and approving narrative and financial reports. Reports include pictures of the funded activities and beneficiaries. They also include copies of all expense receipts and invoices. Expenses must be supported by specific documentation in order to be accepted and the grant funds paid. Monitoring

Part I, Line 3 - Activities per Region

may also involve site visits where feasible.

Region	Expenditures Investments			
Somalia & Kenya	\$	14,459,353	\$	0
Albania	\$	143,555	\$	0
Bosnia	\$	151,139	\$	0
Lebanon	\$	316,700	\$	0

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.

Indonesia	\$	118,711	\$	0
India	\$	15,057	\$	0
Syria & Turkey	\$	13,073,510	\$	0
Gaza	\$	162,268	\$	0
Rohingya	\$	182,831	\$	0
Pakistan	\$	56,547	\$	0
Yemen	\$	163,492	\$	0
Part V - Additional Information				
For Grants to Organizations outside	of the U	JSA, all red	cipients ar	e
registered with their respective Nat	cional Go	overnments.		

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047
2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Mercy-USA For Aid & Development, Inc 38-2846307 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?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. X Yes No 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 (f) Method of valuation (c) IRC 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant book, FMV, appraisal, cash assistance or assistance or government arant noncash assistance if applicable) other) (1) Michigan Muslim Community Council 30701 Woodward Ave. Food Aid in the US MI 48073 38-3073638 3 15,000 Roval Oak (2) Muslim Social Service Agency/MSSA 4307 Wentworth Road Syrian Refugees in U 35-2347791 3 Baltimore MD 21207 31,664 (3) Radiant Hands, Inc./RH 13250 North 56th St. Syrian Refugees in U 20-2966567 3 Tampa FL 33617 33,334 (4) Islamic Center of Detroit 14350 Tireman Ave. Food Aid in USA DETROIT 38-3537457 3 MI 48228 15,000 (5) Avicenna Free Clinic 1838 Frankford Ave. Health Panama City FL 32405 82-2554695 3 20,145 (6) (7) (8) (9) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
_ 1					
2					
_ 3					
4					
_					
5					
6					
7					
Part IV Supplemental Information. Pr	uovide the informatior	ı n required in Part I,	line 2; Part III, colun	nn (b); and any other add	tional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Grantees are required to submit their Forms 990 and independently audited

annual financial statements, if applicable. Specific agreements are signed

for each grant; these agreements contain further certifications, stipulate

reporting requirements and limit use of funds to the specific project

funded.Grant payments are paid in installments after receiving and

approving narrative and financial reports. Reports include pictures of the

funded activities and beneficiaries. They also include copies of all

expense receipts and invoices. Expenses must be supported by specific

documentation in order to be accepted and the grant funds paid.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

Doop To Publi

Open To Public Inspection

Employer identification number

Mercy-USA For Aid & Development, Inc

38-2846307

Pa	rt I Types of Property	ı						
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if applicable	Number of contributions or items contributed	amounts reported on	Method of determining noncash contribution amou	ınte		
		арріісавіе	items continuted	Form 990, Part VIII, line 1g	noncash contribution amoc	IIIIS		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory	X	1	13,018,997				
20	Drugs and medical supplies	X	1	982,629				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received by	y the orga	nization during the tax y	ear for contributions for				
	which the organization completed F	orm 8283	B, Part IV, Donee Ackno	owledgement	29			
							Yes	No
30a	During the year, did the organization	n receive	by contribution any pro	perty reported in Part I, lir	nes 1 through			
	28, that it must hold for at least three	ee years fi	om the date of the initia	al contribution, and which	isn't required			
	to be used for exempt purposes for	the entire	holding period?			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a		e policy that requires the	e review of any nonstanda	ard			
	contributions?						Х	
32a								
	contributions?							X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a	amount in	column (c) for a type of	f property for which column	n (a) is checked.			
	describe in Part II.		(5) 101 a 13 po o		(,			

Schedule M (Form 990) 2019 Mercy-USA For Aid & Development, Inc38-2846307 Page 2							
Part II	Supplemental Information	n. Provide the in g in Part I, colun	formation required nn (b), the number	I by Part I, lines 30b, 32b, and of contributions, the number	d 33, and whether		
	of a combination of both.	ii30 complete tili	s part for arry addi	uonai information.			
• • • • • • • • • • • • • • • • • • • •							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Mercy-USA For Aid & Development, Inc 38-2846307 Form 990, Part III, Line 4d - All Other Accomplishments Economic Vitalization - The provision of ways for needy individuals and their communities to sustain themselves and to improve their quality of life; and assistance in reviving the economies of communities devastated by natural and man-made disasters. Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries Albania, Bosnia-Herzegovina, Kenya, Indonesia, Lebanon, Turkey Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Form 990 is prepared after the completion of the annual independent audit by the auditors. After it is reviewed by the senior management, the CEO and the CFO present this Form 990 to the Board of Directors for their review and final approval before it is submitted to the IRS. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board Members and all the Employees are required to disclose any potential conflict of interest. Depending on the nature of the potential conflict, the person may have to resign from the Organization, or, at the very least, is precluded from any discussions or voting related to that matter. Form 990, Part VI, Line 15a - Compensation Process for Top Official yes.

Schedule O (Form 990 or 990-EZ) (2019) Employer identification numbe Name of the organization Mercy-USA For Aid & Development, Inc 38-2846307 Form 990, Part VI, Line 15b - Compensation Process for Officers The board of directors, which is solely composed of volunteers, reviews and approves the Compensation of Organization's CEO and CFO by comparing salaries paid by similar organizations. This review is further facilitated by using Guidestar's or a similar annual Compensation Report, which analyzes compensation reported by all non profit entities in their recent Form 990 filings and breaks it down by type, size of the organization, regional location, etc. The Board's decision is recorded in the minutes of that relevant meeting. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Recent independent audited financial statements and the Form 990 are available on the organization's website. Form 1023, the Articles of Incorporation and Conflict of Interest Policy are available upon request. Reasonable copying and postage fees may be charged for these. Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Gain on Sale of Assets