** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

ΑΙ	For th	e 2021 calendar year, or tax year beginning ULL 1, 2021 and ending	JUN 30, 2022		
B	Check if applicab	e: C Name of organization	D Employer ide	entifio	cation number
	Addre	ss e MERCY BEYOND BORDERS			
	Name chang		26-0323	282	
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone nu	umbe	r
	Final return	, 1885 DE LA CRUZ BLVD. #101	650-815-		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		1,626,076.
	Amen	SANTA CHARA, CA 95050	H(a) Is this a gro	oup re	eturn
	Applie tion	F Name and address of principal officer. Martin March	for subordi	nates	? Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all subordir	nates ir	ncluded? Yes No
		empt status: 🚺 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🚺 4947(a)(1) or 🛄	527 If "No," atta	ach a	list. See instructions
		te: WWW.MERCYBEYONDBORDERS.ORG	H(c) Group exer		
			Year of formation: 2007	N	State of legal domicile: CA
Pa	art I				
Ð	1	Briefly describe the organization's mission or most significant activities: FORGE WAYS		LS	
anc		IN EXTREME POVERTY TO LEARN, CONNECT, AND LEAD IN COUNTRIES WHERE			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of	more than 25% of its n	1 1	1
Š	3			3	11
		Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4	
Activities &	6	Total number of volunteers (estimate if necessary)	6	9	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
			Prior Year	170	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	1,390,0		1,609,068.
)en	9	Program service revenue (Part VIII, line 2g)		0.	3,338.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			11,023.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-5,500.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,617,929. 392,695.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
		Benefits paid to or for members (Part IX, column (A), line 4)			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	271,0	0.	305,449.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		••	0.
Expenses	d	Total fundraising expenses (Part IX, column (D), line 25) 119,996.	952,3	250	1 032 475
-	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,032,475. 1,730,619.
					-112,690.
_ و	19	Revenue less expenses. Subtract line 18 from line 12	-131, (
Net Assets or	200	Tatal acasta (Dart X, Jina 16)	Beginning of Current		End of Year 1,030,593.
Asse	20	Total assets (Part X, line 16)	52,3		13,622.
let ⊭	21	Total liabilities (Part X, line 26)	1,113,4		1,016,971.
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20	1,113,4		1,010,971.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atomante and to the best	of m	knowledge and balliof it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of which pre		-	r nitowieuye allu bellel, it is
แนย	,	a, and complete. Declaration of preparer (other than onicer) is based on an information of which pre	parer nas any knowleuge.		

Sign		Signature of officer			Date			
Here		MARILYN LACEY, EXECUTIVE DIRECTOR						
		Type or print name and title						
	Prii	nt/Type preparer's name	Preparer's signature	Date		Check	PTIN	
Paid	BRI	AN YACKER	BRIAN YACKER	07/12/23	3	ii self-employed	P00401346	
Preparer	Firr	n's name 🍃 BAKER TILLY US, LLP			Firm's	EIN 🕨 3	9-0859910	
Use Only	Firr	n's address 🕨 18500 VON KARMAN AVE, 10	TH FLOOR					
IRVINE, CA 92612					Phone	no.949.22	2.2999	
May the IRS discuss this return with the preparer shown above? See instructions							No	
132001 12-0	2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) MERCY BEYOND BORDERS	26-0323282	2 Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	FORGE WAYS FOR WOMEN AND GIRLS IN EXTREME POVERTY TO LEARN, CONNECT,		
	AND LEAD IN COUNTRIES WHERE WOMEN AND GIRLS ARE MARGINALIZED. OUR GOAL		
	IS TO EDUCATE THEM, CONNECT THEM WITH ONE ANOTHER AND EQUIP THEM WITH		
	THE TOOLS TO BECOME LEADERS ADVOCATING FOR POSITIVE CHANGE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Г	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?	Г	
3	If "Yes," describe these changes on Schedule O.	····· L	
4		accured by ever	00000
4	Describe the organization's program service accomplishments for each of its three largest program services, as multiple $501(s)(t)$ and $501(s)(t)$ consistent are non-instance and the ensure of the		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expe	nses, and
	revenue, if any, for each program service reported.		3,338.)
4a	(Code:) (Expenses \$955,289. including grants of \$273,443.) (Revenue SOUTH SUDAN (INCLUDING REFUGEE CAMPS IN NEARBY COUNTRIES). PROVIDED	\$	5,550.)
	FUNDING FOR A GIRLS' PRIMARY SCHOOL AND BEGAN CONSTRUCTION OF A NEW		
	DORM AND COMPUTER CENTER. PROVIDED SCHOLARSHIPS FOR YOUNG WOMEN		
	ATTENDING HIGH SCHOOLS AND COLLEGES. PROVIDED SMALL BUSINESSS		
	DEVELOPMENT TRAINING AND LOANS TO SOUTH SUDANESE WOMEN.		
4b	(Code:) (Expenses \$ 267,547. including grants of \$ 66,937.) (Revenue	\$)
10	HAITI: PROVIDED FUNDING AND LODGING FOR A GIRLS' PRIMARY SCHOOL IN	Ψ	/
	HAITI. PROVIDED SCHOLARSHIPS FOR YOUNG WOMEN ATTENDING HIGH SCHOOLS AND		
	COLLEGES. FUNDED A LEARNING CENTER OFFERING SKILLS TRAINING CLASSES TO		
	ADULT WOMEN.		
4c	(Code:) (Expenses \$137,626. including grants of \$52,315.) (Revenue	\$)
	MALAWI: PROVIDED UNIVERSITY SCHOLARSHIPS FOR GIRLS IN MALAWI.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,360,462.		
			- 000 (

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 Form 990 (2021)
 MERCY
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 Part IV
 Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		X
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, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
IZd		12a		x
h	Schedule D, Parts XI and XII	12a		
D.		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the environment of the environment of the state of th	14a	х	
іча b	Did the organization maintain an office, employees, or agents outside of the United States?	<u>.</u>		<u> </u>
5	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 organization? If "Yes," complete Schedule F, Parts 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 "Yes," complete Schedule F, Parts III and IV	16		x
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 Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х
			000	

Form 990 (2021)

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MERCY BEYOND BORDERS

Pa	TIV Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? 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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 the 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			
	"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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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	0-		
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 0				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V-	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b	Enter the number of Forms W-2G included on 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 (2021) MERCY BEYOND BORDERS 26-0323	282	Р	age 5		
Par						
			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	4				
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3 b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
b	D If "Yes," enter the name of the foreign country MAITI, KENYA, UGANDA, MALAWI					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5a</u>		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5</u> c		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>		<u> </u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 goods and services provided to the payo			X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7 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.	9a				
a b	Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>		
ь 10	Section 501(c)(7) organizations. Enter:	. 30				
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-				
11	Section 501(c)(12) organizations. Enter:	-				
 а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	-				
~	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 1 4a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14 b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17				
	If "Yes," complete Form 6069.					

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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below, and fo	ora "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	1a		11		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	-		
-	officer director tructor or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass					x
6	Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders?	0131				x
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	noint (. 0		
1a				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			. <u>1a</u>		
b				7b		x
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			. 10		
8			•	8a	х	
a L	The governing body? Each committee with authority to act on behalf of the governing body?				X	
а 0				<u>8b</u>	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	Tes	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		offiliatos			
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, anniates,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body	 / bofor	e filing the form?	. 100 11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. <u>12a</u> 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$			125		
Ŭ	on Schedule O how this was done	,		12c	х	
13					х	
14					х	
15	Did the organization have a written document retention and destruction policy?					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by int	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
b					X	
D D	Other officers or key employees of the organization			. 155		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	oont w	ith a			
10a				16a		х
Ь	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			. 10a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure			. 100		
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501(c)	(3)s onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			(2)2 2 (1)		
	Own website Another's website X Upon request Other (explain	00 80	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and finan	cial	
	statements available to the public during the tax year.	. mot C			5141	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
20	THE ORGANIZATION - 650-815-1554					
	1885 DE LA CRUZ BLVD., #101, SANTA CLARA, CA 95050					

Form 990 (26-0323282	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hi	ghest 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 Employe	es	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar y	ear ending with or within the organization'	's tax year.
 List a 	all of the organization's current officers, directors, trustees (whether individuals or organiz	zations), regardless of amount of compens	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) EDEN LA FORGE	40.00	_			-		-			
соо				х				99,660.	0.	10,469.
(2) MARILYN LACEY	50.00									
EXECUTIVE DIRECTOR		х		х				0.	0.	0.
(3) CHRIS WHITE	3.00									
CHAIR		Х		х				0.	0.	0.
(4) KEVIN GRIMES	1.00									
TREASURER		Х		X				0.	0.	0.
(5) STACEY MARKEL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JULIE FULMER MCKELLAR	1.00									
DIRECTOR		х						0.	0.	0.
(7) DON NEUREUTHER	1.00									
DIRECTOR		х						0.	0.	0.
(8) CATHERINE COOK	30.00									
DIRECTOR		Х						41,295.	0.	0.
(9) ROCKY LIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) PAUL KIM	1.00									
DIRECTOR		Х						0.	0.	0.
(11) THERESA SAMUEL BOKO	1.00									
DIRECTOR		Х						0.	0.	0.
(12) IRENE MARWA	1.00									
DIRECTOR		х						0.	0.	0.

Form 990 (2	021) MERCY BEYOND	BORDERS								26-03	2328	2	Р	age 8
Part VII	Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box,	not c , unle	Pos heck i ss per nd a di	ition more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		tion amoun [.]		of
		(list any hours for related organizations below line)	In dividual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fi org an	pensa rom th janizat d relat anizati	ne tion ted
1b Subto	otal								140,955.		0.		10,	,469.
	from continuation sheets to Part VI								0.		0.			0.
	(add lines 1b and 1c)						 、 .		140,955.		٥.		10,	,469.
	number of individuals (including but needed and the end of the organization the organizatio	ot limited to the	ose	liste	a ac	ove) wn	o re	eceived more than \$100,	UUU of reportable)			0
Comp													Yes	No
3 Did th	e organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on				
	a? If "Yes," complete Schedule J for s											3	 	X
	ny individual listed on line 1a, is the su											4		X
	elated organizations greater than \$150 ny person listed on line 1a receive or a											4		
rende	red to the organization? If "Yes," com					-			-			5		X
	Independent Contractors	mnensated ind	ene	nde	nt co	ontra	acto	re th	at received more than \$	100 000 of comr		tion fr		
	ganization. Report compensation for t													
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С		C) nsatio	on
	number of independent contractors (ir 000 of compensation from the organiz		ot lin	niteo	1 10 1		se lis)	ted	above) who received mo	bre than				

	990 (2 t VIII			eyond bor ue	PEK	U			26-032328	2 Pa
		Check if Schedule O	conta	ains a respo	nse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excl from tax un sections 512
ŝ	1 a	Federated campaigns		1a						
n	b	Membership dues		1b						
Ĕ	с	Fundraising events				202,571.				
ar A		Related organizations								
Шĭ		Government grants (contr				40,697.				
5		All other contributions, gifts,								
her		similar amounts not included				1,365,800.				
ö	g	Noncash contributions included in				19,178.				
and Other Similar Amounts	•	Total. Add lines 1a-1f				▶	1,609,068.			
						Business Code	· ·			
	2 a	MICRO-ENTERPRISE RE	PAY			900099	3,338.	3,338.		
	b				_		1	, -		
anu	c				_					
ver	d									
Revenue	u e				_	+				
		All other program service	rovo	210						
							3,338.			
+	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including dividends, intere					5,555.			
	3	•	•				962.			
		other similar amounts)					502.			
	4	Income from investment of		•						
	5	Royalties								
	_	. .	-	(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses \dots	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	i) <u></u>							
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	12,7	08.					
	b	Less: cost or other basis								
		and sales expenses	7b	2,6						
	С	Gain or (loss)	7c	10,0	61.					
	d	Net gain or (loss)				🕨	10,061.			10,
	8 a	Gross income from fundraisi	ng ev	ents (not						
		including \$	202,	571. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	0.				
	b	Less: direct expenses			8b	5,500.				
	с	Net income or (loss) from	fund	raising even	t <u>s</u>	>	-5,500.			-5,
	9 a	Gross income from gamin	ng ac	tivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activities		►				
·	10 a	Gross sales of inventory,	less i	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10k					
		Net income or (loss) from			y	>				
Τ						Business Code				
	11 a									
nue	b				_					
Ne	c									
Revenue		All other revenue			_					
		Total. Add lines 11a-11d								
						····· 🔽 🖊				

MERCY BEYOND BORDERS

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	not 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	19,193.	19,193.		
3	Grants and other assistance to foreign	·			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	373,502.	373,502.		
4	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors,				
•	trustees, and key employees	174,782.	97,032.	50,874.	26,87
6	Compensation not included above to disqualified	1	, .	,	,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		84,374.	41,055.	27,955.	15,36
7 0	Other salaries and wages	JI, J, I.	11,000.		10,00
8	Pension plan accruals and contributions (include	4,183.	1,140.	2,268.	77
~	section 401(k) and 403(b) employer contributions)	22,387.	928.	18,109.	3,35
9	Other employee benefits	,		· · · ·	5,80
0	Payroll taxes	19,723.	9,137.	4,781.	5,00
1	Fees for services (nonemployees):	20,400	004	20.000	
а	Management	30,488.	204.	30,000.	28
b	• • • • • • • • • • • • • • • • • • •	3,317.		3,317.	
С	Accounting	55,365.		55,365.	
d	Lobbying				
е	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	270,244.	196,211.	25,932.	48,10
2	Advertising and promotion	15,178.	8,701.	429.	6,048
3	Office expenses	70,246.	54,935.	10,832.	4,47
4	Information technology	84,320.	68,700.	9,733.	5,88
15	Royalties				
6	Occupancy	225,137.	223,588.	700.	849
7	Travel	139,333.	138,176.		1,15
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	16,835.	16,435.		40
0	Interest	, .	, ,		
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
2 3		21,279.	11,470.	9,787.	2
3 4	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 0.)	47,001.	47,001.		
а		,	· · · · ·	26	EQ
b	DEVELOPMENT & OUTREACH	35,796.	35,161.	36.	59
c	MEALS	15,428.	15,385.	43.	
d	TRAINING	2,508.	2,508.		
е	· · · ·	4			
5	Total functional expenses. Add lines 1 through 24e	1,730,619.	1,360,462.	250,161.	119,99
6	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 Fight if following SOP 98-2 (ASC 958-720)				

Form 990 (
Part X	Balance	Sneet

ľů		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	268,872.	1	197,063.
	2	Savings and temporary cash investments		2	824,385.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, direc			
		trustee, key employee, creator or founder, substantial contributor, or			
				5	
	6	Loans and other receivables from other disqualified persons (as defin			
		under section 4958(f)(1)), and persons described in section 4958(c)(3		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	0 1 0 1	9	9,145.
		Land, buildings, and equipment: cost or other		_	·
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,030,593.
	17	Accounts payable and accrued expenses	······ , ,	17	13,622.
	18	Grants payable and accided expenses		18	,•
	19			19	
	20	Deferred revenue		20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule I		20	
	22	Loans and other payables to any current or former officer, director,	,	21	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or	35%		
bilit					
Lial				22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	······ ,	24	
	25	Other liabilities (including federal income tax, payables to related thir			
		parties, and other liabilities not included on lines 17-24). Complete Particle Parti		05	
	0	of Schedule D	52,329.	25	13,622.
	26	Total liabilities. Add lines 17 through 25		26	13,022.
ŝ		Organizations that follow FASB ASC 958, check here X			
ŋc	07	and complete lines 27, 28, 32, and 33.	1 113 /11	07	1,016,971.
ala	27	Net assets without donor restrictions		27	1,010,571.
d B	28	Net assets with donor restrictions		28	••
ŝ		Organizations that do not follow FASB ASC 958, check here			
л Т		and complete lines 29 through 33.			
ŝţs	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	1 016 071
ž	32	Total net assets or fund balances	1 1 6 5 7 4 0	32	1,016,971.
	33	Total liabilities and net assets/fund balances	1,165,740.	33	1,030,593.

Form **990** (2021)

Form	1990 (2021) MERCY BEYOND BORDERS	26-0323282	2	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	617,	929.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	730,	619.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	112,	690.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	113,	411.
5	Net unrealized gains (losses) on investments	5		1,	207.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		15,	043.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	016,	971.
Pa	rt 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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:	I			
	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:				
	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 the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle 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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2021	

Open to Public

Inspection
 identification much

-

Pa	art I	Reason for Public (BEYOND BORDERS	(All organizations must a	omplata th	nia part) S	oo inotruction	•	26-0323282	
								5.		
	organ	ization is not a private found					IV A V:			
1	\square	A church, convention of chu)(a)011 n	I)(A)(I).			
2	\square	A school described in section				/I= \/ 4 \/ A \/::				
3 4		A hospital or a cooperative A medical research organize						(iiii) Entor	the bespital's name	
4		city, and state:	ation operated in col	njunction with a nospital	uescribeu	III Sectio	A)(1)(d)01110		the hospital's hame,	
5		An organization operated for	or the benefit of a co	llege or university owner	l or operati	ed by a do	vernmental u	hit describe	ad in	
5						cu by a ge				
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	•				.,	e deneral r	oublic described in	
•		section 170(b)(1)(A)(vi). (C			onna gove	innontai		ie general j		
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9	\square	An agricultural research org				ed in coniu	unction with a	land-orant	college	
		or university or a non-land-g	-			-		-	-	
		university:	, ,			, ,		5		
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	-	-	• • •	-				
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting	
		organization. You must o	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	ported	
_		organization(s). You mus							al	
C		J Type III functionally inte						ly integrate	a with,	
c		its supported organization Type III non-functionally		•				tod organi-	zation(c)	
Ľ		that is not functionally int	•					•		
		requirement (see instructi	v	• •	•		•	anallenin	161633	
e		Check this box if the orga						I Type III		
	·	functionally integrated, or					iype i, iype	n, rype m		
f	Ente	er the number of supported c								
ç		vide the following informatior	•							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Tota	al									
	и 1						1		1	

MERCY BEYOND BORDERS

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	930,535.	418,810.	838,510.	1,390,078.	1,609,068.	5,187,001.
2	Tax revenues levied for the organ-						
	ization'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	930,535.	418,810.	838,510.	1,390,078.	1,609,068.	5,187,001.
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)						922,771.
6	Public support. Subtract line 5 from line 4.						4,264,230.
	ction B. Total Support						, , -
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	930,535.	418,810.	838,510.	1,390,078.	1,609,068.	5,187,001.
8				,			,
0	dividends, payments received on						
	securities loans, rents, royalties,	20,831.	14,590.	17,757.	10,740.	962.	64,880.
•	and income from similar sources	20,001.	14,550.	11,131.	10,740.	502.	04,000.
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.)						E 0E1 001
	Total support. Add lines 7 through 10						5,251,881.
12	, I ,	i i	,				3,338.
13	First 5 years. If the Form 990 is for th	•					
800	organization, check this box and stop						····· P
	ction C. Computation of Public			- (1)			81.19 %
	Public support percentage for 2021 (li		•			14	,,,
	Public support percentage from 2020					15	71.08 %
16a	33 1/3% support test - 2021. If the c						► V
	stop here. The organization qualifies a		•				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	-	VI how the organiza	ation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-					0% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and sto	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	imstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a b	box on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

26-0323282

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	, and the second s	-					
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
h	Amounts included on lines 2 and 3 received						
L.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third .	fourth or fifth tax	vear as a section ^r	-1 501(c)(3) organ	ization
••	check this box and stop here	•					·
Sec	ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage for 2021 (in Public support percentage from 2020					16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f)		17	%
	Investment income percentage from 2					17	%
	33 1/3% support tests - 2021. If the			on line 14 and line		· · · · ·	
195							
,	more than 33 1/3%, check this box an						
D	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in:	structions	

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 line 10b below.*
 - **b** 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A					BORDERS
Part IV	Suppor	ting O	rganizations	(continu	ed)

26-0323282 Page 5

Yes

Yes No

1

2

No

	Yes	No
11a		
11b		
11c		
-	11b	11b

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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. Section C. Type II Supporting Organizations

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 superiod experience (- 1

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с] The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

Sche	dule A (Form 990) 2021 MERCY BEYOND BORDERS			26-0323282	Page 6
Pa		ing Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (explain in	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mu			,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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-function	ally integrated	d Type III supporting orga	anization (see	

instructions).

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 MERCY BEYOND BORDERS	5			26-0323282	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ed)		
Secti	on D - Distributions		ł		Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	5	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive		-		
-	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021		(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
- <u>-</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
-	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

MERCY BEYOND BORDERS

Schedule A (Form 990) 2021

Page 7

Page 8 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.) PART II, SHORT YEAR EXPLANATION: 2017 COLUMN: THIS IS FOR TAX YEAR END DECEMBER 31, 2018 (2018 TAX YEAR). 2018 COLUMN: THIS IS FOR TAX YEAR END JUNE 30, 2019 (2019 SHORT YEAR).

Identification of Excess Contributions Included on Part II, Line 5

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CONNIE AND BOB LURIE	225,000.	119,962
AUREL FOUNDATION	245,000.	139,962
MARILYN WILSON	232,999.	127,961
RTS FAMILY FOUNDATION	200,000.	94,962
SANTULLI FAMILY FOUNDATION	400,000.	294,962
ILLIAM C LEININGER REVOCABLE FAMILY TRUST	250,000.	144,962

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

MERCY	BEYOND	BORDERS

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of o	rganization		Employer identification number
MERCY BE	YOND BORDERS		26-0323282
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
1		\$250,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributior	(d)
2	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
3		\$108,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
4			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
5			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
6		\$35,	Person X Payroll

Schedule	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
MERCY BE	YOND BORDERS		26-0323282
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	

	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
MERCY BE	EYOND BORDERS		26-0323282
Part III	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations s for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

Statement of Activities Outside the United States ete 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. Employer identification number

SCHEDULE F	State
(Form 990)	Compl

Open to Public Inspection

26-0323282

Name of the organization

Department of the Treasury

Internal Revenue Service

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

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

	ne rene ming r are	1, 1110 0 10.010 00			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	2	12		SCHOLARSHIPS, MICROENTERPRISE LOANS, LEADERSHIP DEVELOPMENT	1,024,567.
CENTRAL AMERICA AND THE CARIBBEAN	1	5		SCHOLARSHIPS, LEARNING CENTER, LEADERSHIP DEVELOPMENT	250,815.
3 a Subtotalb Total from continuation	3	17			1,275,382.
sheets to Part I c Totals (add lines 3a	3	17			1 275 382

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

Schedule F (Form 990) 2021



No

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	SCHOLARSHIPS	66,937.	WIRE TRANSFER	٥.		FMV
		SUB-SAHARAN AFRICA	SCHOLARSHIPS	306,565.	WIRE TRANSFER	0.		FMV
	nization by the IRS, o	or for which the grantee	l ecognized as charities by the f or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter	>		2 0

Schedule F (Form 990) 2021

MERCY BEYOND BORDERS

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ac	dditional space is needeo	d.					
(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)

Page 3

Schedule F (Form 990) 2021

26-0323282

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

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:

OBTAIN INVOICES, MEET WITH STUDENTS, COMMUNICATION WITH AND VISITS TO THE

SCHOOLS, OBTAIN TRANSCRIPTS

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" o rganization entered more than \$				r 19,	or if the	2021	
Department of the Treasury		Attach to Form 99						Open to Public Inspection	
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for ins	truction	s and	the latest informati	on.	Employer id	-	
Name of the organization	MERCY BEYON	JD BORDERS					26-03232	entification number	
Part I Fundrais		Complete if the organization answ	vorod "V	'ee" or	Form 990 Part IV I	ina 1'			
	complete this part		vereu i	63 01	110m 330, 1 at 10, 1		7.10m 330-L		
1 Indicate whether th	e organization rais	ed funds through any of the follow	ing activ	/ities. (Check all that apply.				
a 📃 Mail solicitat	tions	e 🔄 Solicit	ation of	non-g	overnment grants				
b Internet and	email solicitations	f Solicit	tation of	gover	nment grants				
c Phone solici	tations	g Specia	al fundra	aising	events				
d In-person so									
•		r oral agreement with any individua	•	•		tees,		- D	
		art VII) or entity in connection with riduals or entities (fundraisers) purs			-	oo fur	Ye		
compensated at le	•		uant to	agree	ments under which ti	le lui			
					[
(i) Name and addres	s of individual		(iii) fund	Did raiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid	
or entity (fund		(ii) Activity		ustody ntrol of utions?	from activity	fundraiser		to (or retained by) organization	
				1		lis	ted in col. (i)	<u> </u>	
			Yes	No					
Tatal				•					
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	t contrib	utions	or has been notified	it is e	exempt from r	egistration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			VIRTUAL GALA			col. (c))
a)			(event type)	(event type)	(total number)	
nue						
Revenue	1	Gross receipts	202,571.			202,571.
ш						
	2	Less: Contributions	202,571.			202,571.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	_					
per	6	Rent/facility costs				
Ě	_					
De	7	Food and beverages				
ā	~	Estado ante				
	8	Entertainment	5,500.			5,500.
	9	Other direct expenses	,			5,500.
	10					-5,500.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a				5,500.
		\$15,000 on Form 990-EZ, line 6a.		350, 1 art 10, inte 13, 011	eponed more than	
				(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Jevenue						
Be Be						

Rev	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9 a		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	lf "	Yes," explain:		-		

132082 10-21-21

Sch	edule G (Form 990) 2021	MERCY BEYOND BOR	DERS	26-032	3282	2	Page 3
11	Does the organization conduct ga	aming activities with non	nmembers?		Y	'es	No
	Is the organization a grantor, ben	eficiary or trustee of a tru	ust, or a member of a partnership or other entity formed	_	 .	/a -	. .
40				L	Y	es	└── No
	Indicate the percentage of gamin			1.			0/
					3a		<u>%</u>
					3b		%
14			the organization's gaming/special events books and record	15:			
15a	Does the organization have a cor	ntract with a third party fi	rom whom the organization receives gaming revenue?		Y	'es	🗌 No
	If "Voc " optor the amount of gam	aing royonyo received by	γ the organization \blacktriangleright \$ and the amo	Nunt			
	of gaming revenue retained by th			Jun			
	If "Yes," enter name and address						
·		or the time party.					
	Name ►						
	Address 🕨						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	▶ \$					
	Description of services provided	►					
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
		r state law to make char	itable distributions from the gaming proceeds to				
	retain the state gaming license?			[Y	'es	No No
ł	Enter the amount of distributions		w to be distributed to other exempt organizations or spent i				
	organization's own exempt activi						
Pa			explanations required by Part I, line 2b, columns (iii) and (v) le any additional information. See instructions.	and Part II	I, line	s 9, 9	9b, 10b,
	100, 100, 10, and 175, a						

chedule G (Form 990) MERCY BEYOND BORDERS	26-0323282	Page 4
Chedule G (Form 990) MERCY BEYOND BORDERS Part IV Supplemental Information (continued)		

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	n answered "Yes" Attach to For	ls in the Üni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Internal Revenue Ser			Go to www.ir	s.gov/Form990 fo	or the latest inforn	nation.		Inspection
Name of the or	ganization MERCY BEYOND 1	BORDERS						Employer identification number 26-0323282
Part I Ge	neral Information on Grants a	nd Assistance						
criteria us	organization maintain records t sed to award the grants or assis in Part IV the organization's pro	tance?	-			-		
	ants and Other Assistance to I ipient that received more than \$	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a) Name	e and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter tota	al number of section 501(c)(3) an	nd government org	janizations listed in the	e line 1 table				
	al number of other organizations perwork Reduction Act Notice,							Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SUPPORT	1	0.	19,193.	FMV	LAPTOPS

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

PART I, LINE 2:

FOR ANY GRANTS MADE BY THE ORGANIZATION, WE CONDUCT THE PROPER PRE-GRANT

DUE DILIGENCE TO ENSURE THAT THE GRANT RECIPIENT IS TRULY CHARITABLE.

SCHE	DULE	0
(Form	990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 26-0323282

MERCY BEYOND BORDERS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WOMEN AND GIRLS ARE MARGINALIZED. OUR GOAL IS TO EDUCATE THEM, CONNECT

THEM WITH ONE ANOTHER AND EQUIP THEM WITH THE TOOLS TO BECOME LEADERS

ADVOCATING FOR POSITIVE CHANGE.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS REVIEWED BY VARIOUS MEMBERS OF THE BOARD OF

DIRECTORS. ANY QUESTIONS OR PROPOSED REVISIONS/ADDITIONS ARE COMMUNICATED

BY THE REVIEWERS TO THE OUTSIDE CPA PREPARER OF THE FORM 990. A COPY OF THE

FINAL FORM 990 IS FORWARDED TO ALL MEMBERS OF THE ORGANIZATION'S BOARD OF

DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

PERIODIC REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF STAFF IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD CHAIR

AND COMPARED TO THE MARKET.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

Schedule O (Form 990) 2021 Name of the organization MERCY BEYOND BORDERS		Page Employer identification number 26-0323282
PROGRAM SERVICE EXPENSES	1,350.	
MANAGEMENT AND GENERAL EXPENSES	25,932.	
FUNDRAISING EXPENSES	48,101.	
TOTAL EXPENSES	75,383.	
CONTRACT SERVICES:		
PROGRAM SERVICE EXPENSES	194,861.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	194,861.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	270,244.	